

# The ALKALOIDAL CLINIC

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## THE RELATION OF ALKALOIDS TO GALENICS: A RATIONAL TREATMENT OF DIABETES.

BY WILLIAM F. WAUGH, M. D.

IT will greatly simplify the appreciation of the alkaloids and their place in therapeutics if we recollect that they do not replace the plants from which they are derived, but the therapeutics of the alkaloids replaces that of the plants. At first sight this does not seem to be much of a distinction, but it is in reality of immense importance.

Quinine followed cinchona; and in some particulars their fields coincided. But not exactly. Convenience, palatability, quickness of acting, the possibility of hypodermic use, exactness of dosage, and other good reasons have led to the use of quinine in agues, supplanting cinchona in this particular. Convenience in handling quinine pharmaceutically has induced most manufacturing chemists to substitute quinine for cinchona in the elegant tonic elixirs and wines, though the old name is retained. But for quinine a new therapy has grown up, only in part if at all derived from the uses of cinchona. When we give dram doses of quinine as an antipyretic, as Juergenson does in pneumonia, we do not imitate any previous use of the parent plant—in fact, such a use of cinchona

would be impossible, as it would mean a dose of several ounces; far too much for any human stomach to retain.

The employment of hyoscine is not in any degree based on that of hyoscyamus. The latter in fact had fallen out of use almost completely, when this alkaloid was discovered and its tremendous powers made known. The uses of hyoscine are derived entirely from experiments made with the alkaloid. It is simply a matter of antiquarian research that effects in a feeble and uncertain manner somewhat resembling those of hyoscine were formerly obtained from henbane. How preposterous for any doctor to leave a dose of hyoscyamus and go home, telling the patient that he would surely sleep!

Morphine, cocaine, veratrine, digitalin, pilocarpine, and atropine are not simply substitutes for opium, coca, veratrum, digitalis, jaborandi, and belladonna, but each has its own powers worked out by the most careful and accurate experiments, and its own therapeutic field where it has been fully tested and all its possibilities detected. That the field of each covers, to a greater or less extent, that of the parent

plant is not essential—it is merely an incident. One need not know whence comes any alkaloid to fully comprehend its uses, and the dangers from toxic quantities.

The clinical applications of the alkaloids are deduced from their physiologic effects, as made known by experimental investigations. They are therefore strictly scientific, legitimate, the surest and soundest of reasoning underlying their use. The basis of the older preparations is almost entirely empiric, and at best they can only be permitted as filling the place until a better-based therapeutics is developed.

If any one chooses to employ the cruder drugs, it is his right, and we are not disputing it. Nor are we finding fault if he claims to cure things with these antique formulas; and we will admit that possibly the remedies may have favorably influenced the course of the malady. Indeed, by recognizing the alkaloids contained in the drugs used, we may be enabled to verify such claims. But when we use active principles, we know what is going to occur, because these agents are not subject to uncertainty.

These facts have been recognized and applied in Europe much more distinctly than here. We have been too anxious to avoid the semblance of creating a new sect, and hence have injured our cause by endeavoring to assimilate the alkaloidal actions to those of the crude drugs. The French dosimetrists have thrown the old therapy overboard, and at once disencumbered themselves of the whole mass of empiric rubbish. We find therefore in the publications of the European dosime-

trists many applications of remedies that have no counterpart whatever in the uses made of the parent plants. Take, for instance, their compound granule for saccharine diabetes—strychnine arsenate, gr. 1-134; iron arsenate, gr. 1-67; quassin, gr. 1-67; and lithium benzoate, gr. 1-3. What basis for this combination, or for the use of any one of the ingredients in it, is there in the empiric medication?

Here is Monin's explanation of the reasons for the prescription: "Diabetes is a dystrophy, or more exactly, a syndrome, whose frequency has been sensibly increasing for a half century, especially in the cities and among the bourgeois. Excess of food and drink with a sedentary life plays a certain role in this increase. The great majority of diabetics, principally arthritics, hereditary or acquired, begin by an irritation of the hepatic cellule; an irritation considered by contemporary authors as of microbial origin.

"Alimentary hygiene dominates always the cure of diabetes, the prototype of the nutritive dyscrasia. It is necessary to repeat and proclaim this banality, the fundamental laws of the regime being the object of attack from all who, *per fas et nefas*, desire always to do something new. The exclusion of sugar and reduction of the farinacea, good physical and moral hygiene, with the radical suppression of all oversupply, triumphs over many a light diabetes. With Bourchardt and Cantani, the fat-flesh diet was abused. Recollect that an exclusive diet cannot be long tolerated, and that to keep the nutrition at an equilibrium, one must shun toxins. Recall, also, the beneficent effect of a

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Sallifoid employs for gonorrhea injections of zinc sulphocarbolate, two to three parts to 1,000.—*Med. Times*.

Quinine possesses greater antiphlogistic properties than mercury, aconite, veratrum or opium.—*Ther. Gazette*.



life in the open air and of moderate exercise, for the maintenance of the muscular function; add to these frictions, baths, hydrotherapy, electricity, and massage, for remedying that unusual lassitude of the lower extremities that often confines, like paresis, the diabetic.

"Frerichs said that the<sup>e</sup> diabetic would long yet remain an unsolvable enigma. But the sick have no time to wait, for attention, until pathologic physiology has furnished us the key to this enigma. The dosimetric doctrine, always on the watch for progress, and never losing from view the utilitarian object of medicine (*primo curare*), has given for the treatment of diabetes a compound granule, which has the great merit of responding to the majority of the therapeutic indications in this disease. We may remark that this formula represents a reaction against the depressors of the nervous system (antipyrin, bromides, opium, belladonna), which we have always repudiated for our part. Lithium benzoate and quassin enhance the exchanges and confirm the alkalinity of the blood, while the arsenates maintain the cardiovascular tonicity, indispensable to elimination, and husband (*menage*) the assimilative forces. In diabetes of mean intensity—60 to 80 grains of sugar each twenty-four hours—I advise two granules at each meal, six a day, for fifteen days; three granules a day for fifteen days more, then an interval and a resumption of treatment, according to the results of urine examination.

"From the first days the polydipsia, polyuria and polyphagia diminish, with the general asthenia; the trouble-

some nocturnal polyuria disappears; the urine resumes its color and is charged with uric acid, an undeniable proof of the increased activity of the hepatic functions. The patellar reflex returns, as the cardioplegia disappears, through the action of this therapy of saving and moderating the disassimilation. The granules favor the elimination of glucose, that safeguard of the diabetic, which prevents the sugar remaining in the blood and the glycosuria becoming a glycemia. By assuring diuresis and diminishing the viscosity of the blood, the granules prevent the grave accidents, while respecting the renal filter better than do the alkalies taken in high dosage.

"By the dosimetric treatment we avoid the ominous transformations of sugar in the blood, denoted by diarrhea, vomiting, somnolence, dyspnea, and coma, almost always mortal. It also ameliorates the different troubles, sensitive and sensory or trophic; anesthesias and hyperesthesias, impotence, loosening teeth, neuralgias, ocular troubles (amblyopic mainly). The mental state, characterized by apathy, sadness, distempered ideas of ruin or dishonor, headaches and insomnia, are likewise amended. It is by favoring the transmutation of glucose in the tissues, and in moderating the exaggeration of the hepatic glycogenesis, that the dosimetric treatment especially manifests its activity. Besides, it redresses digestive anomalies and in augmenting the alkalinity of the blood, increasing its bactericidal power as well as the phagocytic capacity of the tissues.

"Never forbid a diabetic satisfying

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Hyde advocates amyl nitrite, for inaccessible hemorrhages, especially from the lung. Lower pressure favors clotting.

Stengel studying chronic acetanilid poisoning finds the victims usually deny the habit.—*J. A. M. A.*

his thirst. He should wash his blood and prevent dehydration of the tissues. Among aqueous beverages the best is an infusion of maté, the only one at once tonic, eupeptic, and anti-wasting, without offense to the nervous system. It maintains the general vitality of the tissues, increases the glycolitic properties of the cellular elements, and safeguards the nutritive activity of the muscles. Who does not know that the work of the muscle depends on its richness in hydrate of carbon (*glycogere*), which is transformed into sugar, which in turn is changed into sarcolactic acid, or directly burned in giving birth to water and carbonic acid?

"Acting on the cellular life, this is the sole means of instituting a rational therapy of diabetes. But in augmenting the protoplasmic energy by strychnine, iron arsenate, quassin, we restore the digestive function, which assimilates itself to the circulatory and perspiratory changes that have occurred; to the suppression of pruritus, of the tendency to eruptions and furunculosis, habitual reflexes of the evil functioning of the skin. The dosimetric treatment retards indefinitely the ultimate complications (phthisis, coma, gangrene), whose course is so rapidly inexorable in neglected diabetics. A glycosuric submitted to the regular use of these granules finds himself under shelter from the intoxications *totius substantiae*, which cause acetonemia, acid toxemia, and are combated by the regular alkalinization of the blood and the wide opening of the emunctories by lithium benzoate. The adjuvant employment of a saline laxative, at once purgative, diuretic and stimulant to

nutrition, should also be recommended; for my part, I love to administer it in intestinal irrigations, and there obtain the priceless advantage (while combating constipation and visceral fermentation) of protecting the blood of the diabetic from a serous spoliation too often prejudicial to the cause of this normal liquid nutriment.

"One undeniable observation is that the use of these granules has always appeared to increase the tolerance of carbohydrates; potatoes, notably today permitted by most specialists in diabetes, never increase the glycosuria, the albuminoid changes. In fine, in moderating the destruction of proteids they prevent the formation of dangerous intermediate products (oxybutyric and diacetic acids), and prevent the functions of calorification being exclusively filled up, to the detriment of the albuminoid changes. In fine, in combating arteriosclerosis, these granules oppose themselves to nephritic complications, often due to venous stasis, and to the weakness of the heart, when they do not proceed directly from the hyperemia of the kidneys irritated by the passage of sugar. We know the important role of the renal permeability, in the prognosis of diabetes (brought to light by the proofs of alimentary glycemia and the ingestion of methylene blue). It is always useful to maintain the integrity of the renal parenchyma, especially in certain states predisposing to glycosuria—gout, obesity, the puerperal state, etc.

"Even in the grave forms of diabetes, allied to profound alterations of the pancreas or the nervous system, the dosimetric granules oppose hyper-

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Cancer has been found to occur rarely very far South or North. Population likewise grows rarer as we near the poles.

To remove blood from under a nail apply liquor potassa and scrape when it has softened the nail sufficiently

glycemia and prolong the precarious existence of the patient. The influence of the arsenic and strychnine on bulbar excitability gives us evidence of this power, as well as the favorable influence observed by many confreres, in cases of albuminuria, phosphaturia, oxaluria, refractory to the ordinary methods of the classic treatment."

We have in this fine presentment nothing of the empiric, no trace of the advocacy of a remedy "good for diabetes," but a rational attempt to meet the conditions present with their appropriate remedies. The elimination of toxins, sustaining the vital forces, and moderating the irritation of the hepatic cells—here is a different language from that of the man who reports a series of cases "treated with

arsenic," and all recovering. That strychnine came from nux has no more to do with its use than the extraction of iron and arsenic from their ores, and lithia from some waters; and the attempt to obtain the same results from nux should lead in all consistency to the use of iron ore and orpiment also. The only reason we have not a strong conservative element that opposes the substitution of metals for ores is that this occurred so long ago that the use of the crude ores has been forgotten. And yet—has arsenic exactly the same effects as orpiment? Or silver the same as galena? Be sure there was a day when the doctors fought bitterly against the innovation that advocated the use of pure metals in their place.

Chicago, Illinois.

### THE DRUGLESS TREATMENT AND CURE OF CONSTIPATION.\*

BY OTTO JUETTNER, M. D., PH. D.

Professor of Physiological Therapeutics at the Cincinnati Post-Graduate School of Physiological Therapeutics.

THE modern physician who tries to relieve and cure disease and diseased conditions by removing the cause or causes which produce them, might justly find fault with a classification which refers to constipation being a disease. Since it is always an effect or symptom of some underlying or preexisting cause or condition, it would be more accurate and logical to speak of the drugless treatment and cure of the causes of constipation. The principle of the cure lies in the recognition of the cause of the constipated state. In keeping with this fact I beg to begin the discussion of the ever-present and ever-interesting subject

of constipation by mentioning the various causes which give rise to constipation, and which must be identified before we can expect to handle a case of constipation intelligently and successfully.

Abstracting from purely *extraneous* causes which may produce constipation, e. g., the plumbism of lead-workers and the habitual use of opiates or bismuth, there may be mechanical reasons why the bowels do not evacuate their contents with physiologic regularity. Such mechanical causes are malformation of the intestinal canal, malignant or cicatricial strictures, the pressure of a tumor, or a misplaced neighboring organ, adhesions involving the serous coat of the intes-

\*Read at the meeting of the North Missouri Medical Association, at Trenton, Mo., June 15-16, 1905.

The electric fan has been found a cause of coryza. It only stirs up the dust and keeps it in motion.

Egypt is trying to suppress the cannabis habit which is very common in that country under the name of hashish.

tines, and the pressure of unusually large rectal valves.

The causes mentioned are of comparatively little importance because they concern but a small percentage of the cases we meet in practice. Heredity is a questionable etiologic element, although some authors seem to attach some importance to it. In keeping with the causative factors which are at fault in the vast army of constipated individuals, especially women, we may recognize four varieties of constipation, to-wit, the atonic, the neurotic, the metabolic, and the trophic (dietetic) form.

*Atonic* constipation is produced by and associated with atrophy of the muscular coat of the intestines and a coincident dilatation of the bowel (enterectasis) and, as a subsequent effect, a dropping of the vastly dilated intestines out of their normal position (enteroptosis). The primary etiologic factor in these cases is either neglect in attending to the most important function of daily defecation, or the existence of some form of gastric dyspepsia, or the habitual use of cathartic or laxative drugs.

The *neurotic* form of constipation is coincident with many disorders of the nervous system, probably structural diseases of the cord, e. g., tabes. Functional disorders of the nervous system, including the almost numberless varieties of neurasthenia and hysteria, are frequently the causative factor.

The *metabolic* variety of constipation, as the name indicates, is coincident with and produced by certain disorders of metabolism. The excessive sweating of corpulent and obese persons abstracts moisture from the tissues of the body, and in this way causes the fecal matter

to become dry and hard. Anemia frequently produces constipation by poor blood-supply and imperfect nutrition of the intestinal walls. The passive congestion often associated with organic diseases of the heart and lungs may bring about a constipated condition. In this connection it may be of interest to state that dark-skinned persons are more frequently constipated than individuals with fair skins. Owing to the absence of pigment in the latter and the ready entrance of actinic sunlight, the process of oxygenation is much more active and general nutrition more perfect.

*Trophic* (dietetic) constipation supervenes in persons whose dietetic habits are at fault, e. g., in those who eat an excess of meat. This phase of the subject is illustrated by the notorious constipation of the carnivorous animals, as contrasted with the easy and copious defecation of the plant-eaters.

After clearly identifying the cause in a given case, the question of treatment becomes a comparatively simple problem. For the sake of systematic discussion I beg to present the salient features of the modern treatment of constipation under the head of the various psychic, physiologic, and mechanical means at our command.

*Suggestion.*—That the control of mind over matter refers in no uncertain manner to the defecatory function is admitted on all sides. The psychic effect of a powerful and suitable suggestion, given by the medical attendant, will often manifest itself in the form of active peristalsis, and is not infrequently seen in the action of a bread pill which the patient takes under the impression that a strong cathartic has been administered. Con-

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Last year New York City ate 500,000 crates of grapes, 2,000,000 barrels of apples and 1,800,000 boxes of oranges.

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Every doctor will clearly see that morphine and quinine could not now be replaced by their crude drugs.—Cloetta.

centrate the patient's mind on the bowel function, and add to this concentration a suggestion of an evacuation to occur at a certain time. This frequently paves the way for a cure, and especially in neurotic subjects. Encourage the patient to go to the closet at a certain time every day. In many cases the autosuggestion will have the desired effect, if the patient persists in the effort.

*Diet.*—According to Boas, diet is our main-stay in the cure of constipation. The dietetic directions given by this author enjoy a well-merited reputation in Europe. They represent a splendid criterion of the average case. Tell the patient to drink several glasses of fresh water immediately after rising in the morning. In some cases hot water with a little table salt seems to answer better. This should be followed by a brisk walk in the open air for not less than thirty to forty-five minutes. The patient is now ready for his breakfast, which should consist of coffee or sweet milk, oatmeal, graham or rye bread, and plenty of fresh fruit. Honey should take the place of butter, although the latter is not objectionable in the majority of cases. Sometimes a breakfast consisting of rye bread and plenty of buttermilk is relished more than the menu given above. After the breakfast the patient should again walk for fifteen to thirty minutes, and following this make a determined effort to defecate.

The midday meal should consist of palatably prepared vegetables of any kind (peas, beans, spinach, cabbage, etc.), rye bread and butter, and plenty of fresh or cooked fruits of any kind. A glass of light wine is permissible. Boas allows the patient any kind of meat for the mid-

day meal. I have made it an invariable rule to exclude meat and have never had occasion to change my ideas on the subject. Man was originally a vegetarian. Exclusion of meat from his diet means a return to the original natural state.

The evening meal should consist of rye bread and butter, milk, and plenty of fresh or cooked fruit. Before retiring, an apple or an orange might be allowed. Fresh buttermilk is an excellent beverage and should be frequently given during the day. There is no objection to fresh water during or between meals, except in cases of well-marked dilatation of the stomach (atony, gastrectasis), in which the drinking of large quantities of water is for obvious reasons undesirable. There is no objection to an occasional glass of light wine or beer, preferably ale, especially if the patient is in the habit of indulging in stimulants of this kind. The patient should not be allowed more than one or two cups of coffee throughout the day. In neurotic cases it is frequently advantageous to exclude coffee and substitute a non-stimulating beverage. In regarding the diet the personal equation of the patient should not be lost sight of. The principal feature should be the enforcement of a rigid vegetable regime. Fruit, fresh or cooked, is by all odds the best food for most patients suffering from constipation. Pure cider is hardly ever objectionable.

*Irrigation of the colon* is an agent of unquestioned value in all cases of constipation. It should be practised twice or three times a week before retiring. The patient should be in the knee-chest position. The apparatus should consist of a fountain syringe, to the nozzle of which is attached a rectal tube or a good-sized

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Whoever resorts to galenics of digitalis is, strictly speaking, not fully assured of his bearings.—Cloetta.

Cæsar and Loretz ascertained the enormous fluctuations in the amount of active principles in digitalis.—Cloetta.



catheter, which is introduced into the rectum full length. The water should be warm. After the patient has received fully a quart or more, he should lie on his back with his knees drawn up and his mouth open. Beginning in the left iliac space and following the course of the descending, transverse, and ascending portions of the colon, gentle massage should be given to help in the distribution of the water and the softening of the fecal matter.

*Massage of the abdomen* is useful in many cases. It should be given three times a week, always on an empty stomach. If the physician himself is not an adept in the art of massage, it is best to either desist from giving it or leave this part of the treatment to one who is familiar with the principles and practice of the art. The manipulation should be deep and in keeping with the anatomic structure of the intestinal canal. The superficial manipulations of most masseuses are worthless, and not infrequently irritating to the skin and subcutaneous tissues. Let me mention in this connection the value of a well-fitting abdominal bandage, in cases of gastric and intestinal dilatation complicated with constipation. In constipated persons whose abdominal walls contain a thick layer of adipose tissue, a well-fitting bandage will help not only in the reduction of the "bay window," but also in the cure of constipation.

*Exercise, active and passive*, is an essential part of the treatment. Walking is good, horse-back exercise is better. It stimulates metabolism and secures for the organism the untold benefits of fresh air and light. The so-called "Swedish movements" are of great value. Let the patient lie down on his back and slowly

rise to a sitting position with his arms folded. Let him slowly return to the dorsal decubitus. This movement should be repeated twenty-five times morning and evening. The firm contraction of the abdominal muscles is the curative agent in the form of exercise. The latter can be varied by letting the patient stand and slowly bend over until his fingers touch his toes. There is no end to the variety of different forms of active and passive exercise in the treatment of constipation. In some cases of constipation, characterized by extreme gastric and enteric dilatation, and a general collapse of the nervous system, the enforcement of prolonged rest, as suggested by Weir Mitchell ("rest-cure"), is not infrequently of great benefit. The art of applying the "rest-cure" in these cases consists in knowing when the physiologic moment has arrived to substitute stimulation (exercise, etc.) for enforced rest.

*Hydrotherapy*.—The use of the cold douche or pack on the abdomen in the morning is very useful, especially in persons whose circulation is good. The reaction which follows the douche results in an increase of arterial blood in the abdomen, and a coincident intensified metabolism and functional activity, not only of the skin but of the intraabdominal lymphatics. The cold douche is the simplest and most useful hydiatic application in these cases. Much will depend on a physician's power of individualization. Much harm is sometimes done by the indiscriminate use of cold water. In patients whose circulation is sluggish, the hot douche or a warm application would be safer than the use of cold, but by no means as effective. The alternating hot and cold douche on the abdomen is

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In ten months by storage the therapeutic efficacy of digitalis leaves diminished up to 400 per cent.—Cloetta.

Frankel found digitalis tinctures fluctuate in strength up to 400 per cent; Buhrer ditto as to fluid extracts.—Muench. Med. Woch.

a splendid local tonic in suitable cases.

**Electrotherapy.**—The secondary faradic current, applied to the anterior abdominal wall by means of two sponge electrodes, which are shifted about constantly, is a simple but useful application. Sometimes it is of advantage to place either pole on the back, and the other pole on the anterior wall. For this purpose a flat abdominal electrode is useful. This form of faradization can be combined with abdominal massage, the operator holding one sponge in one hand, while he gives massage with the unengaged hand, the patient holding the other sponge in one hand. The galvanic current is frequently useful. A rectal electrode is connected with the positive pole, a flat abdominal electrode being attached to the negative side. Rapid interruption by means of a rheotome enhances the effect. Static electricity, both in the form of a negative spray applied to the abdomen, and in the form of sparks to the spine and abdomen, represents a valuable addition to the therapeutic means at our command. The wave-current applied to the abdomen and pushed to the point of tolerance acts well in the atonic form of constipation. In the neurotic form the various kinds of high-frequency currents are of positive value and frequently bring about rapid results when other forms of electricity seem to be without avail.

**Vibration and oscillation.**—Oscillation enhances the effect of massage and faradism. The different varieties of constipation represent probably the most promising field for a good oscillation. The simplicity of technique is a point in its favor. Vibration is more difficult of application, but a splendid therapeutic agent in the hands of a good operator. The applica-

tion should be made peripherally by deep and coarse vibration over the abdomen in the direction of the peristaltic movement. Centrally it should be applied by deep and rapid strokes to the lower dorsal and upper lumbar vertebræ, to stimulate the centers which control the functions of the different sections of the intestinal canal. Vibration should be practised every day for not less than fifteen minutes. Individualization is in most cases a condition of successful treatment.

Speaking collectively, it is safe to say that the best and promptest results may be expected in cases that are treated by massage, faradism, galvanism, and vibration. Dietetic regulations are a *conditio sine qua non* in all cases of constipation.

Cincinnati, Ohio.

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There is so much of admirable common-sense in this paper that we feel like congratulating our readers over it. We teach the proper use of drugs in the treatment and cure of constipation; yet we never lose an opportunity to call attention to the necessity of investigating the conditions that lead to this condition. Time and time again we have been consulted by friends who have failed with the remedies we advised, and found that there was a mechanical obstacle to the discharge of feces, which could not be expected to give way to drugs. In our teaching we have insisted upon the importance of habit, diet, exercise, etc., and yet have found these but valuable adjuvants to the well-selected remedies. Dr. Juettner does not combat the use of drugs, or in any manner decry them; but he describes the other treatment that he has found efficacious.—Ed.

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Want of success, due to inconstant preparations, accounts for want of faith of doctors in digitalis-therapeutics.—Cloetta.

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Potain and Huchard drew attention to the necessity of rational digitalis-therapeutics being based on exact dosage.—Cloetta.

## INTESTINAL (EXTERNAL) AND INTERNAL (OR CELLULAR) ANTISEPSIS.\*

BY W. C. ABBOTT, M. D.

SO far as the importance of direct intestinal antiseptics is concerned we need not stop to accumulate argument. No one now denies it. Every journal one picks up contains evidences that this theory has at last become a part of current medical thought, and that the fact of intestinal sepsis is taken into account in dealing with any and every pathological condition presenting. It is beyond human nature to refrain from a little self-jubilation, when we think how we have clung to and advanced that theory for lo, these many years, despite opposition, contempt, and abuse.

In every case of aberration from health the first question to be considered by the clinician is, "To what extent is the absorption of toxic material from the bowel complicating the symptoms directly due to the disease itself?" Eliminate this element, and the remainder of the malady will be that much easier to dispose of. Extensive experience has led us back to the use of a remedy favored by our predecessors of a century ago—we find the very best preliminary means of clearing the bowels to consist in the administration of calomel (in small doses oft repeated) followed by a saline laxative (preferably magnesium or sodium sulphate) in sufficient dosage. This treatment should be repeated frequently during the illness; for the tendency to

intestinal torpidity and decomposition is continuous and must be combated systematically.

Fecal deposits thus removed, the problem of disinfecting the bowel and its contents is much simplified. We can render the stools inodorous by the administration, in divided doses, of about 40 grains of the compound sulphocarbolates of lime, sodium and zinc each twenty-four hours. This is the average amount required for an adult, and after disinfection has been accomplished, about half the quantity will suffice to keep up the disinfection in acute cases; in conditions of less violent type much less is required.

The views now held by the so-called "conservative element" in medicine, on the subject of "auto-intoxication," may be illustrated by the following quotation from Von Noorden: "At first we German physicians were by no means inclined to accept the theory of auto-intoxication. Of late years, however, our attitude has become more friendly to the doctrine. This change of front is due to the fact that a number of toxic products of metabolism have actually been isolated and their mode of origin in the organism and their pathologic effects determined to the satisfaction of the former critics of the doctrine."

Let us hope that these investigations may be continued until the gentlemen of the laboratory have caught up with the clinician and are able to give an

\*Read before the Tri-State Medical Society of Alabama, Georgia, and Tennessee, in September, 1905 and reprinted from *Southern Medicine and Surgery*, Chattanooga, Tenn.

Inherent in digitoxin is a pronounced irritant effect on the tissues, possibly connected with its insolubility.—Cloetta.

The effects of digitoxin are extraordinarily slow in setting in, even in hypodermics given to cats.—Cloetta.

explanation satisfactory to themselves of the phenomena we have long since observed, and very generally adopted. A vital distinction is to be drawn between intestinal and internal antiseptics; the contents of the bowels are not, properly speaking, inside the system, at least they do not, as such, form an integral part of the body. Without going into the complicated processes of digestion and assimilation we may, with safety, state that the possibility of autoinfection proper commences only when the bowel contains the material which has been *rejected* by the system—the feces of the cell itself. Ingested matter (food and food residues), in the stomach and duodenum as chyle and chyme, cannot at once and alone set up a “toxemia”, but later, when the insoluble, unassimilated part of the food-stuff and the products of cell decomposition—effete matter produced by the metabolic processes throughout the body—unite and form in the bowel the substance which from here onwards to the rectal ampulla will be regarded as feces, it becomes possible for various bacteria to cause such changes as may render both bowel contents and bowel-wall abnormal, septic, and, as a result, intestinal infection is set up and autoinfection begins. This matter—this refuse of the entire aggregation of living cells, requires to be sterilized, or, better, antisepticated, just as we would add disinfectants to the contents of a sewer and this, primarily, is what is meant by the term “intestinal antiseptics.”

Any agent which will cause the bowel contents to become an unsuitable culture medium for the bacteria

which produce fecal toxins inimical to the human system is an *intestinal antiseptic*. But most of the drugs which will produce this result produce also systemic or local effects of an undesirable nature. The sulphocarbolates are not injurious but they do act: (1) as powerful bactericides upon the bowel contents; (2) as neutralizing agents upon the toxins (fermentative and otherwise) already produced; and, (3) when decomposed in the digestive tract, they liberate substances which are taken up by the absorbents (in various chemical combinations according to the other material with which they have to unite) and thus continue to exert a germicidal action throughout the entire body. Phenol products have been recovered from the urine, sweat and other body fluids of those saturated with the sulphocarbolates, a fact which emphasizes the importance of this class of remedies for the condition in question, rendering them not only desirable intestinal antiseptics but merging into the field of internal, or systemic, antiseptics as well.

Thus we have in the sulphocarbolates, at one and the same time, both an intestinal and an internal antiseptic. It should be borne in mind when considering this point, that even the normal fecal mass, when retained too long in the colon, becomes a source of danger, the fluid portions being reabsorbed and forming undesirable compounds with the other products of oxygenation. Let the slightest abnormality exist—let bacterial invasion take place, and the resulting toxins be liberated, and we soon have to deal with a more or less severe autotoxemia.

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Schmiedeberg found necrosis and hyaline degeneration follow hypodermic injections of crystalline digitoxin.—Cloetta.

Germanic digitalin offers every advantage with no inconveniences; it is the most soluble and least irritant.

If we flush the mass of offering matter from the intestine and send through it, when empty, material saturated with a substance like the sulphocarbolates that is inimical to germ life we soon put an end to the infection. Then it becomes our duty to attend to internal antiseptics and here it is that study is so urgently called for.

While we do know that in certain gross forms of intestinal infection the sulphocarbolates—or rather that portion of them which is absorbed—act effectively as an internal antiseptic we do not yet know why or how. In but two instances have we as yet definitely succeeded in meeting a specific organism in the blood with a specific remedy—viz., quinine for the malarial plasmodium and mercury for the yet undiscovered cause of syphilis. But it seems possible that a general germicide has been discovered which is destructive to many different microorganisms and possibly to all of them. This is *calx sulphurata*, commonly known as “calcium sulphide.” When the body is so saturated with this drug that the odor of sulphurated hydrogen is exhaled from the skin and carried off with the breath through elimination by the lungs, few of the known microorganisms can exist in that body. The power of the sulphide in preventing or stopping suppuration, its complete control over all forms of gonorrhea, including the cure of so-called gonorrheal rheumatism, has been demonstrated. Little less striking is the control exerted by this agent over diphtheria; in fact, sufficient proof has been adduced as to the efficacy of calcium sulphide in all diseases of mi-

crobic origin to warrant us in placing it at the head of the list as the dominant remedy to combat the infectious element, whatever it may be, in every affection of this class.

In making such a startling statement it must be remembered that I am speaking of true calcium sulphide, *calx sulphurata*, of at least strictly U. S. P. quality. Extensive investigations recently made under my directions showed that not a solitary brand of this drug, as found in the markets ready for dispensing by the physician or pharmacist, came anywhere near the U. S. P. strength, with the single exception of that prepared at my own laboratory, and, paradoxical as it may seem, almost the same remarks apply to the sulphocarbolates.

I must risk the charge of commercialism, in making this assertion, because without it the whole force of my argument would be lost. Of what possible use would it be for me to urge upon you the use of the sulphocarbolates or of calcium sulphide as your main standby in this most important class of diseases where the patient's life depends upon the quality of the drug used, and send you out to obtain that remedy in a market where I know the worthlessness of practically all that it offers.

This is not by any means due to the cost of the material, it all rests in the ability and willingness to take the pains required. The fact is that the preparation and preservation of calcium sulphide offers to the manufacturing chemist and pharmacist one of the most difficult problems in the whole line of his work, and one that has only

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Meningitis, cerebral: A full sweating dose of pilocarpine at the outset may possibly abort the attack; gelseminine follow.

Meningitis, cerebral: A full hydragog purge—jalapin, elaterin—at the beginning, may favorably modify the attack.



been solved in our laboratories after long and expensive effort.

This drug is best given in small and frequently repeated doses, since a single large dose is apt to disagree with the stomach. If given during the period of acid digestion it will be broken up in the stomach and unpleasant eructations of sulphurated hydrogen will occur. My practice is to give from 1-6 to 1 grain every half hour until the odor of the drug is perceptible in the perspiration, after which a much smaller quantity will suffice to sustain this effect.

Much unnecessary fear has been manifested towards this drug because of the dangers following the inhalation of sulphurated hydrogen. When thus taken into the system in large quantity the gas reduces the hemoglobin of the blood and when long continued, fatal asphyxia may result. Taken into the stomach, in the form of calcium sulphide (calx sulphurata) I believe that the drug is absolutely harmless; I have given it to children in their second year, in doses amounting to several grains a day. In the treatment of acute gonorrhea, Dr. Rea, physician to the Palmer House, Chicago, gives from 40 to 50 grains of calcium sulphide per day not only without injury but with the very best results.

No other drug has yet become so well established as an internal antiseptic as has calcium sulphide. Echinacea is being highly recommended in some quarters, and may yet prove to be of importance—in fact probably is a good thing, though how it acts we do not know. Other drugs are also under trial, and some give great promise, but

to the present time no other has stood the test so well as this.

The third element in the treatment of internal sepsis is derived from the study of the phenomena of assimilation. Derangement of metabolism is an essential element in all infectious maladies; and by this disorder some of the deadliest toxins known are developed within the body, besides those originating from the alimentary canal.

Permit me to direct your attention for a moment to that greatest aggregation of gland cells—the liver; with its five lobes, its five fissures, its five ligaments and its five sets of vessels. Its huge size, and its position (interposed between the source of food supply in the alimentary canal and the blood), indicate its enormous importance to the economy. Yet, despite the recklessness with which we have been giving medicine for centuries, to “stir up the liver,” we are only just beginning to comprehend its true physiologic functions. Not only in the hepatic cells, but in the capillary system of the liver, is performed some of the most essential metabolism of the body. I would urge each of my hearers who is not already familiar with Sajous’ great work on “The Internal Secretions,” to obtain and give profound study to that part that treats of the liver. So also will my own work in “Hepatic Insufficiency,” as published in the CLINIC of last winter repay careful investigation. [Reprints sent on request.]

The activities of this organ are largely represented by that complex secretion known as bile; of which the essential element is found in the salts

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Meningitis, cerebral: Purge, disinfect bowels, saturate speedily with gelseminine; then iodiform to the limit.

Meningitis, cerebral: Exceedingly hot or cold applications give relief to the neck and may subdue force of attack.

of cholic acid. This substance has been isolated and is presented to the profession as the active principle of bile. It has been administered in a number of hepatic disorders with marked benefit. Not only in affections characterized by deficiency of bile has cholic acid, or, better, its alkaline salts, proved useful, but in a variety of other maladies where no such deficiency is manifested.

How do we explain the apparent anomaly, that the addition of a fragmentary dose of these alkaline salts should accomplish so much of good, when there is an ample capacity present for the secretion of bile? The reply to this question involves the recognition of a curious automatism in the digestive function. These secretions are not continually produced, but as each portion of food reaches the condition and the situation when and where it can be acted upon by a secretion, the presence of the food acts as a stimulant, arousing the corresponding gland-cells to activity, the secretion continues until enough has been produced to digest the food present, and then ceases through the cessation of the stimulation—no more undigested food being present—this provided the glandular activity suffices for the production of a sufficient quantity to do the work required.

But it seems to be a fact that the nervous power is sometimes insufficient to set secretion in operation—the cogs of the machinery stick a little, and something is needed to give the little push necessary to start it in motion. Here is where the value of the above suggestion comes in, for after we have

started the digestive process the lagging glands that could not institute the process of themselves will fall to work and keep it up until the job is done.

It is in this way only that we can explain the fact that a morsel of pepsin, only sufficient to peptonize a few grains of albumen, will result in the proper digestion of an entire meal!

In the alkaline salts of bile we have an effective means of preventing the autotoxemias that result from the formation of degenerative products in the blood, instead of the normal elements. With these three points covered—the prevention of autotoxemia from intestinal sepsis, and from defective digestion and assimilation, and the destruction of microorganisms in the blood, we have remaining, as an indication, simply the task of keeping open the gates of elimination, of sustaining the body-forces by appropriate feeding, and of enforcing the proper hygiene of the patient and his environment. Here we must direct your attention to a specially indicated reconstructant for septic states—nuclein, with its power to stimulate leucocytosis.

Nobody now seriously opposes Metschnikoff's theory as to the function of the leucocytes, the standing army of the body, nor has anyone disproved Vaughan's discovery that nucleinic acid increases the number and activity of these valiant little soldiers. But in the extended investigations that have since been made, are still going on, with the bewildering wealth of new names, antitoxins, alloxurs, complements, etc., there is danger of losing sight of these two important practical points. For as

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Meningitis, cerebral: The timid or expectant therapist has no business here; this is men's work; run along home, sonny.

Meningitis, cerebrospinal: Morphine is useful till effusion supervenes with stupor and coma; dose to effect if at all.

yet the invention of new designations has had no other practical effect than to burden the memory; no therapeutic fact has as yet supplanted plain nuclein therapy—the phagocytic action of the rejuvenated and the new-born cell.

One great point that has recently been definitely settled is that nuclein (together with that other most important substance, lecithin) is synthesized in the animal organism. Experiment after experiment has proven that lecithin, for instance, is present in the medullated sheaths of the nerves and that there goes on therefrom a constant interchange (or feeding, so to speak) with the nerve fibers. *Without lecithin the neurons cannot possibly* (or, at least, normally) *functionate*; and unless the neurons act normally, the nervous system becomes, like a deranged and “crossed” system of electric wires, a source of danger to everything in contact therewith. No amount of stimulation of functioning will produce an appreciable change in the chemical construction of the nerve fibers of a healthy, properly eliminating animal. This proves that the amount of lecithin produced from simpler substances and stored in the medullated sheaths must be enormous, equal to a greatly varying demand.

But while lecithin is the essential reconstructant for the nervous system, it has been proven that in certain nervous diseases of the degenerative type this substance decomposes and from it a leucomaine of the most toxic character, cholin, is split off. The probable result of the introduction of this convulsant toxin into the system can be imagined. Already it is suggested that the convulsions of epilepsy,

and perhaps of tetanus, are due to cholin production and consequent autoinfection.

To put in a nut-shell, the matter resolves itself into this: Under normal conditions acceptable food-matter is prepared (digested) and absorbed, taken up into the system, becomes oxygenated and, finally (according to its character) becomes part and parcel of blood, bone or tissue cell. Repair and destruction go constantly on and from the matter supplied it the body produces everything necessary for its well-being, whether it be lecithin, nuclein, or a red-blood corpuscle. Supplied with the proper laboratory, within itself, the body utilizes everything usable and gets rid of each particle of waste, but derange the process or damage the apparatus and we get improper products, waste is retained and forms new and entirely undesirable compounds with freshly assimilated material and the various organs, irritated and thrown out of balance generally, add to the confusion by over or under secretion. The nerves are deprived of normal reconstructive material and in its place cholin, or other toxic substance, is forced upon them. Soon chaos reigns: digestion practically ceases, assimilation is nil, and matter which should be eliminated from the system is reabsorbed again and again. The blood is depleted and, with its red-cells largely destroyed, now also becomes unable to resist the invasion of bacteria or toxins; and thus deranged within and invaded from without, the body becomes practically incapable of sustaining life, and death in whole or in part ensues.

Hence, in all departures from

Meningitis, cerebrospinal: Gelseminine controls delirium and is specially suited to parts involved; fullest effect.

Meningitis, cerebrospinal: Aconitine early and plenty for fever; gauge dosage by pulse, as fever may be slight in fatals.

health not distinctly due to trauma, it becomes the duty of the physician to prevent the production of further toxemia and to right, as speedily as possible, the derangements due (generally) to either the absorption or production of toxic material. By emptying the intestinal tract, and keeping it as nearly aseptic as is possible, we shall not only prevent the access of bacteria or toxins to the body but, by thus relieving the organs from irritation and overwork, enable them to functionate properly.

By looking after internal or systemic antiseptics we shall insure the destruction of the germs which have invaded the system, with which the overwhelmed natural forces have been un-

able to cope, and, finally, by setting up nutrition and elimination, by righting metabolic wrong, we shall enable the body to institute its own repairs—to render innocuous and eject morbid and obnoxious matter and to seize upon and use every atom of material fit for constructive processes. By degrees, moreover, as organ after organ feels the spur of normal activity, we shall see that every atom absorbed is properly disposed of and ultimately, as a result of our work, there will be constructed a practically new body devoid of metabolic error and by natural process normally antiseptic—a clean, living, functioning entity, in the image of the God that made it.

Chicago, Illinois.

### SCARLET FEVER, MEASLES, DIPHTHERIA, AND SMALLPOX.

#### TRIUMPHS OF CALCIUM SULPHIDE.

BY C. S. PIXLEY, M. D.

**I**N about 1894 a family of three—one a child of seven or eight—called me to see their hired girl. She had been sick three or four days, and had a high fever, a very sore throat, and a scarlet fever eruption was appearing on the chest. A child, fond of the girl, had been "playing nurse." The family, frightened, wished to care for the sick girl in the house, but after thirty-six hours decided to send her to the hospital. I "cleaned out" and pushed calcium sulphide to all four, assuring them that the girl would recover and none of them would contract the disease.

I was present when the ambulance and the surgeon came for the patient. He said it was "severe anginose scarlatina

and its prognosis doubtful." Feeling sure my patient was "loaded," I advanced the opinion that she would certainly recover—that the next day the hospital authorities would doubt the correctness of the diagnosis—that the next day they would protect her from infection from other ward-patients and would hurry her from the hospital in a week.

The surgeon looked very incredulous—acted very politely, and said, "I presume you know what you have been prescribing." He did not ask what it was nor did I tell him. No one of the family showed any symptoms of the fever. The girl returned in about two weeks and reported that on the second day after reaching the hospital she was

Meningitis, cerebrospinal: Nickel bromide may be useful, sedative; zinc cyanide soothes irritable stomachs.

Meningitis, cerebrospinal: Hyoscine reduces excitement, controls delirium and induces sleep—gr. 1-100 hypodermatically.

placed in a small private room by herself and discharged from custody at the end of a week. The name of the family was "Strong;" they lived on West 145th street, New York. The hospital was the "Emergency Hospital," of that city.

Another case, a girl of twelve, was first seen as the scarlatinal eruption was appearing on the chest; it was a moderately severe case. She had concealed her bad feelings as long as possible. Her brother, aged six, had been with her quite constantly, and I did not separate them. The boy took his medicine himself—on time—and gave it to his sister. The girl was discharged from active care in one week, and no sign of the fever has appeared in the boy, and ten years have elapsed. These were my children.

Mr. Thomas Rawls, of Fairfield County, S. C., went to Florida as an office man in a lumber company, married there, and brought his wife and baby, eight, or so, months old, home to see "grandma." He felt badly before and during the trip home, and came to me for consultation. Diagnosis, mild scarlet fever. The town he had been living in was "full of it," and some were quite severely sick. I sent him home with instructions and a supply of calcium sulphide for himself and wife, baby, mother, aunt, and brother, none of whom had ever had the fever. Inquiry showed the neighboring families Mr. Rawls had exposed by holding their children in his arms the day before, as they made early and prolonged calls to show their regard for him and his. The next morning I went to those families, explained, and put them on *the remedy* for forty-eight hours. In all, fourteen persons—five of whom were children—were exposed to this infection.

No one of them developed signs of trouble, and the patient was convalescent in three days.

There is no exfoliation of epidermis in the cases beginning early, and sufficient use of calcium sulphide (because of no, or little, or prompt suppression of eruption) and a disinfectant bath or two, permits a speedy return of subject to his usual haunts or occupation, and that with no danger to others. Since 1885 this is my every-time experience in every case, and they are many—or else I have, in all that time, not had a case of scarlatina and do not know it when I meet it. From two to five days is the usual time under care. Early calls mean short detention and no spread of disease. No complication or sequel *ever* appears.

*Measles.*—Mrs. S. and two sons, aged ten and six respectively, visited a relative about twenty miles distant. Arriving at destination about 4 p. m., they found her quite ill with fever, no diagnosis yet made. All three played nurse till late in the night, but left hurriedly for home next morning on the attending physician's decision that the case was one of severe measles. They came at once to me, never having had the trouble, and were much frightened. They were assured of no danger, "cleaned out," and saturated with calcium sulphide. They had no trouble.

When one considers the large number of tubercle bacilli infections, occurring in abraded bronchial tubes in the bronchitis of measles, one will place some value on prompt suppression of the disease.

*Diphtheria.*—In about 1873, Elkhart, Indiana, was first scourged with diphtheria. There were about eight physicians

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Meningitis, cerebrospinal: Full doses of ergotin or digitalin may choke off blood early and abort, but we doubt it.

Meningitis, cerebrospinal: To promote absorption in convalescence, mercury biniodide, calcium iodized, fullest doses.



of us. We had plenty to do. We lost about three out of five, and the two did not recover very satisfactorily, being afflicted with various post-diphtheritic troubles. It was a fearful time. We were all nihilists. We used the orthodox methods of those days. Unknown to us Burggraave was already teaching that calcium sulphide was "the parasiticide par excellence." Another siege of diphtheria appeared in the same place in 1887. My attention had been called to dosimetric teachings; the writings of Burggraave, Castro, and others had become accessible. As president of the Elkhart County Medical Society, I talked, and wrote, to my fellow practitioners, but the certain-uncertainty of remedies and the "natural course of disease" appeared to be bred in the bone and appropriated by the flesh until a hopeless inertia prevailed. We are so dependent upon "cathedra" that independent thought is nearly suppressed. It is all right if a patient dies treading the path usually traveled, but to be found dead in an unbeaten path is terrible, although the usual termination induced a trial of unauthorized methods.

In this epidemic the experiences of the former one were renewed, but *not* by my younger partner and myself. We cared for about twenty-five cases with no deaths, and no sequelæ. Nor were our patients ill for long, excepting those to whom we were called after several days of sickness. In the small homes of Swede workers in the shops were from three to ten children. One with plenty of false membrane in throat and nose, one or two with sore throats, the rest "off their feed with slight fever." The one or two "beginners" were convalescent in from one to two weeks, the next

in from three to five days, the rest were on regular diet in forty-eight hours. The disease was controlled speedily both in sick and well. Calcium sulphide cured the sick, aborted the trouble in those commencing, and prevented the others from having even the "small fire on their garments." Of course, those receiving professional care "late," required strychnine arsenate, and such other combinations as we thought indicated, with gargles and douches, but calcium sulphide was our "sheet anchor"—and it never slipped. This experience has been the same ever since. Sporadics, endemics, epidemics have no terrors while a supply of the real article—Abbott's or Chanteaud's—is at hand. But a pure product is essential.

*Variola.*—Last but not least of "damned diseases." Here again "before" 1885 and "after" are two vastly different periods. Burggraave has, indeed, armed us. Twenty-two cases at once in two families of American citizens of African descent, situated in this county about two miles distance from each other. Two men, about twenty-one (one from each family), working in an adjoining county, in January, 1898, were attacked with variola, were quarantined, ran away, and returned to their homes.

Smallpox was wide spread, and the white people were much alarmed for several reasons. The authorities took control and placed the section invaded by these under my charge. In one family were twelve, in the other, ten persons. The oldest of these was about eighty, the youngest was an infant at the breast. None of these had been vaccinated. At the first visit each case was confluent, just "pustulating." No other quarters

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Meningitis, cerebrospinal. A full sweat of pilocarpine at the outset with purges may possibly abort an attack.

Meningitis, cerebrospinal: Could we saturate with sulphide quick enough to jugulate the attack? Gr. one every quarter hour.

available. Each cabin of two rooms, miserable accommodations. Calcium sulphide and epsom salt were the only remedies used. Vaccine virus could not be obtained before a week. The remedy was pushed hard in the first two, moderately used in the rest, as it seemed impracticable to keep them saturated for so long a time as would be necessary. They were *allowed* to have the disease lightly. The two were out of danger in five days (suppurative fever was coming on violently).

Excepting the baby, the rest were not obliged to go to bed. They carried, and cut the wood needed, cooked their own food, washed their clothing, and waited on themselves. The baby did not do these things, because it was too young, and for no other reason. Before the work was finished, it appeared as though one could so push the remedy as to have just as much, or as little illness, or just as many pustules, as one thought best. By the time the first two cases were ready to be "turned loose," all were in perfect condition.

No other case ever appeared to have had its origin in either of these foci, *excepting myself*. Quarantine was perfect. A man and a gun prevented all ingress or egress. I had attended such work many times, had visited the hospitals in Cleveland and New York, had been vaccinated over and over again, was vaccinated again this time when virus came; but I had varioloid and vaccinia together—took the remedy freely, went on with my work, and was happy!

With either of the four diseases a patient saturated with calcium sulphide is a vastly diminished source of infection. The best way in cases of exposure to infection is to saturate the exposed ones

with *the* remedy for two days, and then use it moderately for two days, to ease your conscience—it not being necessary. Vaccination must wait, as the remedy stops one as well as the other. After such proceeding no variola has ever developed, and the cases are too many to permit the remark, "they would not have had it any way." The remedy controls all four of these diseases exactly as has been outlined. It will always do it—if the goods are "good" and "enough" is used.

If handled "dosimetrically," I know of no acute trouble of any kind or nature in which the results are not happy and rapid. Without experience in yellow fever or meningitis, I suspect something could be done with them.

In acute miliary tuberculosis the diagnosis is usually delayed beyond the time for good "dosimetric" work.

These results appear marvelous until they are compared with those of Fontane in a London public hospital of 3 per cent mortality of all cases, many of which were physical wrecks and moribund when received.

He was "a man behind a gun," and the gun was calcium sulphide. The best claimed for antitoxin is 15 per cent of losses. For ease—for convenience—for economy—for certainty of action everywhere, under all circumstances, and in all stages of these fearful troubles, calcium sulphide is "king."

What it written—is written. May it push the subject home.

Winnsboro, South Carolina.

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Here is an excellent illustration of the value of calcium sulphide as an internal antiseptic. Read the preceding article.—  
ED.

Meningitis, spinal: Aconitine rather than ver. or gels, for fever, headache, to subdue inflammatory symptoms.

Meningitis, spinal: Atropine is said to be useful in all cases; but possibly hyoscine is what is really desired.

## THE IMPORTANCE OF THE HIGH ENEMA.

BY GEORGE H. CANLDER, M. D.

VARIOUS experiences have led me to believe that the full value of the enema—especially that of the “high” variety—is not sufficiently appreciated. Even many of the men who most thoroughly understand the importance of the “clean up and clean out” theory are apt to depend almost entirely upon medication to cleanse the intestinal tract or, if they *do* use enemata, give only the ordinary and venerable “clyster” which, at best, merely balloons the rectal ampulla and flushes the bowel up to the sigmoid flexure.

The writer has for many years past invariably passed a modified colon tube and fully irrigated the transverse colon, and the results which followed this step in many cases were absolutely startling. In many thin people palpation over the colon will reveal masses of fecal matter; especially near the cecum is there likely to be an accumulation, and even though the patient be passing plentiful thin stools, such an obstruction may exist.

One instance alone will serve to prove this. Mrs. W., a widow of fifty, was troubled, as she called it, with “numb creepings,” which seemed to start from the pit of the stomach and ascend up the side and arm to the head. After an hour or so a seizure of an epileptic character followed and, for a day after, there was intense pain in the abdomen and across the back which invariably ended after two or three plentiful and semi-fluid stools were voided. For months the “numb creeping” had been the signal for a dose of salts, so the fluid stools were probably due to the action of the med-

icine, though the bowels never moved till twenty-four hours at least had elapsed.

The woman came under my care about a week after “a spell” and, on examination, a mass, the size of a large navel orange, could be easily made out near the gall-bladder, and various other nodules were felt further to the left in the transverse colon. As a first step the patient was ordered an ordinary enema of castile soap and water, and the report was that but little fecal matter could be obtained.

A modified colon tube was then attached by a graduated hard-rubber connecting pipe to a bulb syringe and the tube inserted into the rectum through a perforated hard-rubber pile-pipe. (A most perfect instrument of this type, consisting of a bulb syringe, three hollow rectal dilators of various sizes, one of which is large enough for vaginal work, three rubber tubes—from small catheter to colon-tube size—and a proper hard-rubber connecting pipe has been invented and is sold to the profession by Dr. Geo. Sourwine, Brazil, Ind. This outfit has proved, in the writer's practice, to be one of the most valuable instruments imaginable.) The rectal sphincters are prevented, by the plug, from contracting upon the soft tube, and it is therefore possible to work it well up into the bowel and throw a full stream of water from the first.

In this case the lower bowel was empty and the tube was pushed beyond the sigmoid without trouble; here the first fecal concretion was encountered and broken up. Two quarts and a half of water were

Meningitis, spinal: Bryonin and all the iodides in fullest doses to promote absorption and relieve from pressure.

Meningitis, spinal: Morphine may be needed to relieve pain and control nervous phenomena; full doses, if at all.

used and the tube withdrawn. The woman was kept in the lithotomy position for ten minutes, and then the enema was voided. The fecal masses which were passed filled a pint vessel, when separated from the water. They were hard, nodular, and some of them thickly covered with mucus.

The large mass yet remained. Again the tube was inserted, and by throwing a bulb full of water into the bowel from time to time, the end was finally brought close to the mass. Three quarts of soapy water were thrown with as much force as possible against it, and again the woman voided the fluid. Mucus and small fecal masses were passed, but the big concretion stayed behind. Half a pint of olive oil was now thrown well up against the mass and retained for thirty minutes, then the bowel was dilated with three quarts of "suds"—the stream being thrown directly at the obstruction. Massage was made with the idea of forcing the mass onward towards the descending colon, and the result was that with the enema the woman voided a spinach-green ball of fecal matter almost as hard as soap and larger than a duck's egg. Through the mass was a tortuous hole, and there can be no question that the fluid feces passed through this narrow passage.

The patient was placed upon a tonic treatment with a saline draught daily, and hydrastin and rhein were given for some time to tone the intestinal mucosa with the result that she immediately regained her normal health and has never been even "indisposed" from that time onward.

Many similar cases would be recorded, but this will suffice to prove the inade-

quacy of the common enema in cases of fecal retention.

Here, by the way, let the point be made that many obscure "pelvic diseases," nervous disorders, and so forth are due entirely to the presence of fecal masses in the pouches and depressions of the bowel. These are not removed either by purgatives or low enemas, and the intelligent practitioner will never consider an intestinal tract *clean* till he has given a thorough colonic flushing.

The absolute necessity for this step in quite another condition is made apparent by the following report:

G. C., one year old, the youngest child of the writer, suffered during a week's absence of his parents, an acute attack of enterocolitis. At least, it is probable that this is the case. The child had been for some days, cross and troubled with an eruption of an urticarial character, but had apparently "cleaned up" under usual treatment and looked well when left at home. No change was made in his feeding but, on the third evening, he had a high fever and his bowels were confined. Some simple antipyretic was given him, and he passed a restless night, becoming by morning seriously ill.

No motion had been secured, and a physician was called. He found him, at noon, with a temperature of 104° F., unable to retain any milk food and with extremities cyanotic and ice cold. A glycerin enema was given and a full dose of castor oil; the child was also placed upon a solution of the sulphocarbolates and albumen water alone allowed for nourishment. Later, another "low" injection was given and more castor oil. Small motions followed the injection and another stool the oil. Recognizing the se-

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Meningitis, spinal: Ice or great heat to spine; continuous; which ever feels most agreeable to patient; later lunar caustic.

Meningitis, spinal: Ergotin or digitalis enough to squeeze out blood forcibly at the start; we prefer evacuants.

rious nature of the malady, a telegram was sent to the writer who hurried home with his wife from Kentucky. On arrival the child was found to be spotted with red blotches from head to foot, the skin between being chalk-white. The eyes were swollen, the tongue foul, and, while the motions were not frequent, they were foul and slimy. The temperature was 102° F., pulse weak and jerky, and the mind clouded.

For twenty-four hours the severity of the symptoms had been markedly less, but it was evident that a relapse might occur at any moment with brain complications. The writer took off his coat and, with other experiences in mind, "went up into the colon," flushing it with a warm alkaline antiseptic. First, however, the rectum was washed out in the usual way and, as is usual, the result was practically *nil*. The tube was then gently passed beyond the sigmoid, the solution being injected from time to time *en route*, and a full quart or more of the fluid thrown in.

Pressure with the plug at the anus caused retention for some minutes, and then the expulsive effort was so intense that the plug had to be released. Tube, fluid, and a full pint of the most fetid material imaginable, came with a rush, and it was necessary to open every window and door in the place! In an hour the temperature had fallen to 99° F., the skin had paled in three, and, under the influence of calcium and sodium sulphocarbolates (gr. 1 of each every two hours) with barley water and beef juice in small repeated amounts, recovery had practically taken place by noon the next day.

Brucine and nuclein were given in full dosage and for three days calomel, gr.

1-10, and echinacea, gr. 1, were exhibited every four hours. A daily enema and bath with plenty of fresh air completed the cure, and in a week the baby was back on his regular food and looked as good as he ever did—which is "pretty well, I thank you!"

Here, as in scores of other cases, all treatment might have failed had that mass of filth not been removed. Absorption goes slowly on, masked often by the medicines which are being exhibited, and suddenly the temperature goes up with a bound, brain symptoms become evident, and the child, overwhelmed with the toxins generated in the intestine, dies either in a state of coma or in convulsions. There is no time *then* to do much—the toxemia is too profound, resistance and vitality too low. In all these cases intestinal tract is the *fons et origo mali*, and it behooves the physician to make sure that every accessible inch thereof is cleaned out and rendered unsuitable for germ propagation.

One must begin at the mouth and keep *that* clean, then make sure that the stomach is emptied and cleansed, putting into it, thereafter, only such material as is least likely to set up irritation or undergo fermentative or putrefactive changes. Milk must not be given.

Salines, following small doses of calomel, will do much towards removing obnoxious effete matter, but neither of these will relieve the parietic condition of the intestines or empty the sacculated portions of the colon of their contained filth!

In every such case the *high enema* is essential—not one or two but several; in severe cases at least a morning and evening flushing being called for. When

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**Meningitis:** In all cases and forms it is essential to prevent aggravation from intestinal autotoxemia.

**Melancholia:** So-called religious cases, respond promptly to measures to unload the bowels; sometimes phenomenally full.



the temperature is normal and the stools assume proper color, the enemas may be stopped but not till then. It is well to use in the early stage, or in severe cases, a strong alkaline antiseptic, and if the temperature is high, cool water. If depression is marked, use normal saline and use it *hot*.

As an ordinary thing, the best procedure in the "bowel troubles" of children is as follows: Wash out the mouth with any reliable antiseptic solution and order it so swabbed hourly and before and after feeding. Stop all food but barley water, albumen water, or similar nutrient. Give an ordinary enema to empty the lower bowel. Exhibit calomel (gr. 1-6 or 1-10, as age may demand) every half hour for six doses, and one hour after the last dose give enough sulphate of magnesium (saline) to flush the bowel; small repeated doses of a sweetened (with saccharin) solution may be given to children. This is better than castor oil. The bowels having moved, give the high enema, and repeat it twice a day till you are sure the child is safe. *After* the calomel, begin to give the sulphocarbolates in solution, repeating the dose every two hours. Give enough to do the work. Gr. 1-2 is none too much for even an infant. To sustain vital force, add a little beef

juice (fresh or prepared) to every other feeding of barley water, or whatever you use. Brucine also is called for and a small dose of atropine or hyoscyamine should be exhibited to sedate the pneumogastric and relieve local congestion. A flannel band should be placed about the abdomen; if the disease has progressed and vitality is low when the child is first seen, a spice-bag will be useful if placed hot over the bowels. The child must be kept in pure air; out of doors, shaded from the sun of course, is the best place most of the time. Nuclein four to six drops placed in the mouth every four or six hours will aid the system to resist bacterial invasion.

Under this treatment few cases fail to improve at once. It is the *basic* treatment always, and upon it the physician can build to suit conditions in each particular case. And neglect of the principles outlined spells failure.

The writer has tried the old plan—practised it for years—with perhaps more than ordinary success, but the victims were many and recoveries slow. Since adopting this plan, however, his enteric cases get well in three to four days, and not *one* of them has "passed over." And that is *something*!

Chicago, Illinois.

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### SHALL WHOLESALE POISONING BE SANCTIONED?—A REPLY.

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BY R. G. ECCLES, M. D.

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**I**N the October number of the CLINIC (p. 998) there appeared an article by C. F. Wahrer, M. D., of Fort Madison, Iowa, bearing the same title as this paper. It was so ably

written and so apparently convincing, to those not familiar with every aspect of the subject, that it led this writer to conclude that it might add to the interest already aroused in the minds

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Melancholia: Town dwellers, women with unendurable despondency, give bromides—gold, nickel, arsenic, singly or combined.

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Melancholia: Great mental despondency sometimes is relieved by brucine given in increasing doses to full action.

of CLINIC readers if the other side was briefly presented to them.

No doubt we all agree that wholesale poisoning should not be sanctioned. With equal certainty we all hold that poisoning, whether wholesale or retail, should be stopped, even if it takes the strong arm of the law to stop it. So far there is perfect accord between us. We can even approach each other closer than this. As medical men we all hold to the opinion that the medical supplies and food of the people should not be adulterated. But when saying this we use the word adulterated in the old fashioned dictionary sense and not in the befogged and befogging sense of those politicians who desire by legal enactments to increase the demand for their services many fold, increase their honors and increase their emoluments at the expense of taxpayers, with the incidental result of making us all pay two prices for our food supplies.

Of late there has been a tremendous amount of sensationalism connected with the advocacy of pure food and drug reform. People who know little or nothing of the subject from personal experience or careful study of the experience of others are the ones who make the loudest uproar. None of this class has even taken the pains to find out what meaning has been put upon the word adulteration by food experts, nor wherein it differs from the meaning in which it is generally used by the public.

To most of us the word adulteration means the debasing of an article by adding something cheaper and inferior to it for the purpose of cheating the purchaser. This, however, is not the meaning put upon it by food com-

missioners and food chemists. To them anything is an adulterated article that deviates in any manner from an arbitrary standard that is frequently fixed in a way to injure the rival goods of equally reliable houses. To enumerate the many kinds of adulteration that this arbitrary scheme has produced would extend this article into undue size. A few only can be given as samples.

On Thursday night, August 31, 1905, at exactly the stroke of twelve, every drugstore in the states of New York, Ohio, and several other states, had large supplies of unquestionably pure drugs. One single second after midnight a very large proportion of the entire stock in thousands of stores became, in the twinkling of an eye, adulterated, and the owners became subject to fine and imprisonment, for selling them. How did this seeming miracle occur? The explanation is simple enough. The laws of these states declare that drugs which fail to conform to the authorized edition of the Pharmacopeia are adulterated drugs. The new Pharmacopeia was the legal one on September 1 and the old Pharmacopeia on August 31. In the new Pharmacopeia many drugs were ordered to be made stronger and many weaker. In some drugs new substances were directed to be added while in others old substances were ordered taken out. By the legal meaning of adulteration every drug for which a change was ordered became adulterated in its old form the instant the new book became the standard.

The druggists had not debased their goods in the slightest degree nor altered their purity in any respect, yet all of those goods, constituting a very

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Melancholia: First remove constipation and autotoxemia; then feed exhausted brain, and incite all functions with strychnine.

Melancholia: Don't omit seeking for good reasons for despondency; inquire into the moral and material conditions.

large proportion of their stock, were adulterated when they opened their stores for business on September 1. The only reason why they were not punished for selling adulterated goods on that Friday morning was due to the fact that the officers of the law had the good sense to violate their oaths rather than punish a host of men whom they knew to be innocent of any wrong. Unfortunately grocers, provision dealers, and others are not dealt with quite so gently as this in some of their technical violations of the so-called adulteration laws. A late number of the *Canner and Dried Fruit Packer* is before me, from which the following is quoted: "In some states certain products, perfectly legitimate in others, are barred, denied admittance. A perfectly pure article in one state may be, often is, considered impure in the state adjoining; one food commissioner rules one way, his successor rules to the contrary."

Ridiculous as it may appear to the medical mind, it is nevertheless a fact that foods are seized and destroyed as adulterated and their owners punished because of some technical defect of a label. With a label of one size, form, or color, the food would be pure but with a slight and, perhaps, insignificant change—presto! it is adulterated, poisoned, impure, and the seller punishable under the law. How easy it is, under such a babel of laws, to make it appear as if almost everything we eat is adulterated. To pile up statistics showing the numbers of findings of adulterated goods as something tremendous is as easy as "falling off of a log."

By the definitions of the words adul-

teration, adulterated, etc., that so-called pure food advocates clamor for, it is next to impossible for the honestly inclined to get at the truth of the subject. So complicated has the subject become that even Prof. Wiley acknowledges that the best brands of American flour would be deemed adulterated, by a strict following of such definitions, as they have had the bran and shorts taken out of them in milling. In the same way all American sodawater is adulterated because it contains no soda. When Prof. Wiley declared that there was not 90 per cent of American whisky pure he forgot to add that by the same identical evidence as that used by him to condemn the whisky, there is not one tenth of one per cent of American sodawater pure. It is all blended. None of it is straight sodawater of the old fashioned kind. In England druggists have actually been fined for selling American sodawater as adulterated because it contained no soda.

Another immense amount of so-called adulterated foods are such as have been forced into this class by legislation specially made against them. In the case, for instance, of oleomargarine, even when sold under an honest name so that the purchaser knows that it is not butter, if it is tinted yellow it is pronounced adulterated. This we might consider right if butter-makers were subjected to the same restrictions. This, however, is not the case, for while it is legally adulteration to color oleomargarine it is not so to color butter. With so many kinds of adulteration, that are not adulteration at all in the sense in which most people understand this word, how easy it be-

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Melancholia: This is usually due to the absorption of mercaptan from the bowels; purge and disinfect; regulate diet.

Melancholia: Aloin is often extremely beneficial. Small doses several times a day are better than single large ones.

comes to pile up a most staggering array of statistics as to the growth of adulteration in modern times.

That there is certainly some genuine adulterating going on no one is going to deny. The evidence is too positive. That there is any large amount of such adulteration it is quite easy to deny and challenge those who claim the reverse to subject their figures to an analysis by fact. When some food chemist tells us that he found 40 out of 50 samples genuinely adulterated, it is safe to assume, without much fear of being mistaken, that such samples were not collected from the average run of the kind of goods from which they were taken. In every instance it will be found that these goods were bought at a price far below the cost of producing genuine goods or bought from dealers notorious for selling spurious goods. They were collected on the supposition that they were adulterated, and that ten of them should turn out pure—, showed that the collector was mistaken in his estimate of the goods or of the dealer.

On any fair sampling, of any American market, it is quite certain that the number of adulterated articles, i. e., articles adulterated in the sense that most people use this word, would be found exceedingly small. The fact is that there is far less such adulterating going on now than there was a generation ago. The further fact, however, must not be confounded with this, that there is far more adulteration of the senseless, legal kind than there ever was. While the goods are far purer and better than ever before they are

condemned worse by legal quirks of definition.

The greatest bugbear of ultra-puritanical food advocates is preservatives. The addition of these in any amount is denounced as adulteration. They call them poisons in order to arouse popular prejudice against them. They never tell the public, however, that vinegar of equal acid strength is far more poisonous. They never even hint of the fact that tea and coffee, of equal strength in their stimulating constituents, is immensely more poisonous. Weight for weight the alkaloids of tea and of coffee are much more dangerous than benzoic acid, salicylic acid, or boric acid. The preservative acids are almost incomparably milder than the stimulating alkaloids. Weight for weight these acids are milder than the essential ingredients of spices. Weight for weight they are of about the same dosage as the acids of apples, peaches, plums, cherries, currants, or lemons. No one calls these fruits poisons. Why, then, call substances of similar dosage poisons?

Viewed in the light of the amounts that are effective for preserving purposes these preservatives are far less harmful than sugar, salt, smoke or saltpeter. One grain of salicylic acid has about the preservative power of a pound of sugar and not quite the preservative power of an ounce of salt. It is sufficiently near to both of these for a far comparison. Let us, however, keep well within these figures by halving them. Thirty grains of salicylic acid can be swallowed with impunity by any healthy man. Where is the man living who dares to swallow,

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Melancholia: When due to delayed or missed menstruation—for good cause—refrain from drugs and *cherchez l'homme*.

Melancholia: The worst cases are those caused by reading quack medical literature and consequent introspection.

at a single dose, fifteen pounds of sugar, or nearly one pound of table salt? With such facts before us where, in the name of reason, can any wholesale or even retail poisoning come from the use of preservatives? When we stop to think that nature, herself, has been feeding to human beings all three of the preservatives named, for countless ages, how absurd becomes the claim that they are poisons in the amounts used for preserving.

Almost every kind of fruit of the temperate zone contains minute amounts of salicylic acid. Many kinds contain, particularly in their seeds, benzoic acid. Almost every kind of vegetable raised in California, Utah, Nevada, and Colorado contains boric acid. All the grapes of California contain it. California wines all contain it. Much of our table salt contains it. Wintergreen berries are loaded with the methyl ester of salicylic acid. Ripe cranberries contain enough benzoic acid for their preservation under ordinary care. Any child that eats a wintergreen lozenge swallows as much salicylic acid as it would get by consuming a tumbler of jelly preserved from decay.

Preservatives are never purposely put into provisions of any kind in amounts that would injure as much as would the food itself in which it is contained, if eaten to the injuring point. The inhabitants of Great Britain, in defiance of the results of our Washington "poison squad," prefer borated hams, bacon, and butter to the same goods preserved with salt. They are willing to pay a larger price for the borated than for the salted goods. More than three times as much of the

former is used at a higher price. These goods are shipped in thousands of tons to them from Australia, Canada, South Africa, New Zealand, and the United States, and always packed in the preservative. Their peach, quince, and other such fruit jellies are made from pulped fruit brought to them from abroad, preserved by salicylic acid. John Bull's average health compares very favorably with our own and he is troubled less with his stomach or his head than is the average American. The British government has lately cut down the supplies of salted rations to one day in the week, for members of the navy, but supplies borated goods for the rest of the week. Does that look like poisoning? Had Prof. Wiley given his boric acid to his "squad" in their food and not frightened them by letting them know when they were swallowing it, in the capsules, he might have had a different report. It was hardly right, however, to attribute symptoms to the boric acid part or all of which might have been due to the influenza that attacked them. The people of Great Britain manifest no such symptoms though consuming boric acid in goodly amounts every day of their lives.

It has been charged that preservatives are used on decayed goods to give them the appearance of freshness. Unfortunately for this story it is not true. No one can do any such thing, however much they might desire to. Preservatives can arrest decay and keep it from going farther but they cannot turn decayed goods into any semblance of pure ones. Nor is there any need of such folly. There need be

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Meningitis, cerebral: Veratrine for most acute forms with hard pulse; give to production of vomiting or purging.

Meningitis, cerebral: Aconitine for febriles with sufficient elimination; give to full and sustained effect.



no such decay if preservatives are to be used at all. The time to use preservatives is before there is any decay. The goods to use them on are perishable goods exposed to warmth. Conditions of shipment and of storage are some times such that refrigeration cannot be continued. It is a crime to leave such goods unfrozen for a time and then refreeze them. They should be immediately treated to preservatives the moment that exposure to warmth becomes inevitable. If preservatives are not to be permitted then every bit of perishable food that is out of refrigeration for half an hour before being put into the hands of the consumer should be destroyed.

The most important truth connected with this whole question is unknown to most people. The false notion is abroad that inspectors and chemists can tell dangerous food. There is no truth in this idea. Meat, milk, or other such article of provisions, deadly with toxins, defies the inspector. Dangerous food looks, tastes, and smells exactly like pure food. When food has become rotten and malodorous it does not need an inspector to tell it. Before that, the inspector cannot tell it. The food that kills and maims is bought and sold in the open market as perfectly pure food and may have passed the inspector a minute before its victim bought it. It is food that was removed from refrigeration long enough to become infected with pathogenic microbes. The putrefactive germs follow the dangerous ones. They have the power to destroy some of the dangerous ones and reduce the danger.

Perishable food is, when unfrozen

and unprotected by preservatives, a breeding place for disease germs. They multiply upon it at a rate which is marvellous. Under favorable conditions they have been known to double their number in about twenty minutes. To double thus is to double up three successive times in an hour. This means seventy-two doublings in twenty-four hours. Let the reader figure this out and see how, beginning with one germ, the million mark is passed before the twenty-four hours are up.

Think of what this means. The fingers of a nurse that has been caring for a scarlet fever patient, a diphtheria patient, a typhoid fever patient, or a cholera patient touches milk, meat, fish, pudding, pie, custard, sausage, or other perishable food; a germ or two from her fingers, her sleeve, her glove, her hair, falls on the provisions she has touched. The few multiply to millions for somebody to swallow. The poisonous toxins they produced in that food were swallowed with them and the dose overcame the resistance of the bodily cells by poisoning the patient.

We talk learnedly of fomites carrying communicable diseases and descant quite as learnedly of water carrying typhoid fever but we never stop to think of the impossibility of such germs infecting us in defiance of our resistance until that resistance is paralyzed by deadly toxins or ptomaines. We carry diphtheria germs, pneumonia germs, and other germs, in our mouths and cannot but handle germs on money from all sorts of people continually. These never harm us. When they get into us with a powerful dose of their toxins then they become formidable

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Meningitis, cerebral: Convulsions following may be relieved by bromides, nickel, camphor, soda, gold or arsenic.

Meningitis, cerebral: In tuberculars and after acute stage push iodine vigorously; iodoform, calcium iodized, etc.

foes. They do this very thing through our food. Flies carried germs of typhoid fever to our soldiers during the Spanish war but they did it through the medium of food. Water carries the same kinds of germs to multitudes and it is more than probable that when disease follows it does so only through food as an intermediary agent.

We forget that every human being has a remarkable amount of resistance to every kind of disease not planted immediately in the blood current. That we take typhoid fever, scarlet fever, diphtheria, dysentery, cholera, and other such diseases at all seems inexplicable if we exclude food from consideration. The theory of lowered vitality as the responsible cause is altogether too vague to give us any sort of mental grip upon the situation. No doubt lowered vitality has a little to do with fitting the body for disease germs to thrive within it but facts stand in direct contradiction to this theory if advanced as a general explanation. Typhoid fever attacks the strong and vigorous while leaving the aged and weak untouched. Scarlet fever frequently seizes the healthy child of the family and permits the sickly one to escape unscathed.

Of two women grinding at the mill the one that is taken by cholera is as likely to be hale and hearty as she who is left as puny and frail. Why try to blind our eyes to such facts for the sake of sustaining a theory? The only adequate explanation of the situation is one of dosage. Other things being equal the man, woman or child who gets the biggest dose of toxin-laden germs is the one to suffer worst from

any disease. When of equal immunity the dose is the paramount consideration. In the same family that child which gets the smallest dose of scarlet fever germs will have the lightest attack.

The natural culture medium for pathogenic germs, so far as civilized households are concerned, is the food supply. In it they can live, grow and multiply to an alarming and indefinite extent. Their colonies are divided up among the consumers in just the manner that the disease appears. One piece of the same meat, one cup of the same custard, one plate of the same ice cream may be so meagerly stocked that only a slight indisposition is produced while the next cut, cup or plate may be so filled with toxins and germs that it is promptly deadly. Disquieting as this thought is, it is folly to try and smother it. Neither hope nor desire that it be not true can save us from suffering if we attempt to ignore it. To play the ostrich by assuming a belief in safety that does not exist is folly.

Our food is our chief source of disease and the quicker we come to a realization of this fact the quicker are we going to be able to save ourselves from destruction. We wash our vessels with polluted water and solitary germs cling to such vessels till they contain food in which they can sprout, grow, multiply, overcome our natural immunity and carry us to our graves. The same water could have been drunk with impunity because it lacked an injurious dose of toxin to overcome our protective forces. Multitudes are, in fact, constantly drinking such water without the slightest harm. The water

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Meningitis, cerebral: Hyperemia with excitement is relieved by hyoscine; gr. 1-100 hypo., repeated as indicated.

Meningitis, cerebral: Hyoscine for delirium and hyoscyamine for cerebral anemia occurring during convalescence.

only supplies the seed while the food provides the deadly dose and gives us typhoid or cholera as the case may be.

We handle polluted money every day of our lives and it does not harm us. When the accidental contact of germs from money occurs with food then arises our danger. Flies and water, money and garments, fomites of every kind are powerless for harm until the disease germs they carry are multiplied on food to a sufficient extent to overcome the natural immunity with which we are endowed. A mass of them must enter the alimentary tract at once and they must be accompanied by their sickening, fever-producing toxins in sufficient dosage to overcome not only cell resistance but the resistance of such harmless bacteria as have made us their permanent host.

Let the shaking of a garment, the feet of a fly, the hands of a handler, the dust borne by the wind, the water used for cleansing, carry the perfectly harmless number of germs to food, and time with favoring conditions will do the rest. Quick multiplication is inevitable and that it occurs is one of the verities of science. By such multiplication in our daily supplies of food epidemics are born.

The coat sleeve of a dairyman, bearing a scarlet fever germ from his sickly child, by the agitation of the act of milking is shaken into a pail of fresh milk. That germ multiplies into millions. This milk is poured into great cans used to supply entire neighborhoods and in these the multiplication recurs once more. What wonder that multitudes of epidemics have thus arisen. A bit of yesterday's germ-

laden milk-supply inoculates the fresh supplies of succeeding days and keeps up the epidemic. Ice cream made from such milk spreads the disease. Supplies made from different stocks of milk are dumped together in a way that causes one plate to give the disease while another does not. Thawing of the surface on one spot of the cream multiplies the dose on that spot to the fatal point while the rest is below the danger quantity. It thus happens that one of a group may die of disease and the rest escape. When the whole mass is affected we have repetitions of the kind experienced at the college banquet at Alma, Michigan.

How long shall we continue this wholesale poisoning of rich and poor, strong and weak, worthless and worthy members of every community? It is one long, continuous performance of suffering and slaughter. Day by day, week by week, month by month, year by year, Rachel keeps weeping for her children and will not be comforted. Can nothing be done to stop the sacrifice of such multitudes? The poor cannot keep up continuous refrigeration. Under the vicissitudes of transportation incessant refrigeration is impossible. The merchant in showing his goods on his counters will not maintain refrigeration. People in remote regions from railways are not always willing to put up with freshly slaughtered meats. Its inconvenience annoys them.

The judicious application of antiseptics, in harmless quantities, make perishable foods unfavorable for germ multiplication. These preservatives do not and cannot kill the germs. They

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Meningitis, cerebral: Gelseminine pushed to droop eyelids is probably the most promising remedy in all early stages.

Meningitis, cerebral: Calomel to salivation has still too many adherents to be missed as worthless.

only stop their increasing. They serve them just as refrigeration does. Freezing does not kill resistant germs. They have been proven able to stand unharmed a temperature of over 200 below zero Fahrenheit. When frozen they cannot multiply. When treated to preservatives they cannot multiply. It is only the largely increased and toxin-associated germs that give disease. If it was otherwise we would all perish miserably long before reaching manhood and womanhood. Disease is an accident of taking food on which great colonies are swallowed at once.

Disease germs of various kinds are almost ubiquitous. The contagious sick we always have with us. Dust and clothing, money and tools, hands and hair, books and furniture, toys and dishes, water and air, catch and carry their germs. Even the mouths of the well carry virulent germs and the carriers are unharmed by them. Either contagion is a farce and the germ theory of disease a delusion or else all such floating germs are harmless until multiplied. Their presence everywhere and in everything proves their harmlessness until the dose becomes so great that it overwhelms human resistance.

If all perishable food was kept frozen, until sold to the consumer, there would be little need for preservatives. As this is impractical the prohibition of preservatives is a crime against humanity that cries out redress. They alone can save us from wholesale poisoning. Millions have been poisoned to death by unpreserved food. No living soul can point to a single individual ever proven injured by preserved food. The wild assumption that because preservatives in immense doses can injure or even kill that they are therefore injurious in small doses, is unworthy the intelligence of full grown men. If such an assumption has any truth in it then the entire medical profession stands guilty of an unatenable crime against the race.

New York City.

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From the very broad position taken by Dr. Eccles we very frankly dissent. His article, as it stands, is an argument for and a defense of the sophistication if not of the adulteration of foods. Too much depends upon the integrity of the food-supply of a nation to permit of treating this matter lightly. A little later there will doubtless appear in the CLINIC a presentation of the other side. —ED.

### THE EXCISION OPERATION FOR VARICOCELE IN THE OFFICE OF THE SURGEON UNDER THE INFLUENCE OF INFILTRATION ANESTHESIA.

BY CHARLES C. MILLER, M. D.

**V**ARICOCELE is an exceedingly common condition. It is an affection which usually causes its possessor much concern. The patient

suffering from varicocele often hesitates to submit to the operative treatment of the condition, as the surgeon will insist where the veins are to be ex-

Meningitis, cerebral: Full doses of ergotin to choke off blood supply from inflamed tissues and lessen excitement.

Meningitis, cerebral: Morphine as sedative, first stage, before effusion: for collapse and to subdue excitement.

cised that the patient take a general anesthetic, and that he submit to confinement to bed for a number of days after the operation. This condition may be safely operated upon by the physician in his office, and the patient need not be confined to bed after the operation, if the parts are properly dressed. The anesthesia may be secured by thoroughly infiltrating the parts with a solution of cocaine from one-fourth of one per cent to one half per cent. An absolute freedom from pain should be secured by this plan, if the parts are properly injected, and the operation performed with care and deliberation. The patient, who submits to the operation, may be in a very nervous state, so that the first prick of the needle must be made with care to prevent exciting him further, but after it has been made the succeeding steps are carried out without the patient manifesting the least alarm.

It is not within the power of any man to say with absolute certainty as to the harm of varicocele. It is a unilateral condition in most instances, and where the nutrition of one testicle may be seriously affected the organ on the opposite side of the scrotum may be in perfect condition. These patients, when the condition is made known to them, all suffer considerable concern as to their condition, and if the operation was merely performed for its mental effect upon the patient, in a great many instances, it would be fully justified.

If the patient suffers only a slight dilatation of the veins it is advisable that the operator refrain from telling him that he has such a condition, if he does not care to treat it radically, for if he tells him and instructs him to wear a suspen-

sory, the patient will find that the wearing of the suspensory has no good effect on the condition, and he may later work himself into a state in which he becomes an easy prey to various fakirs. If the condition is at all bad, and the surgeon does not find the patient willing to submit to a general anesthetic, the condition may be operated on under the local anesthesia just as readily as under chloroform or ether. The parts must be carefully scrubbed and shaved, and the instruments and everything about the field of operation should be thoroughly sterilized in a steam sterilizer, as an infection developing after one of these operations may cause a great deal of trouble.

For infiltrating the parts a solution of cocaine may be made with boiled water and the cocaine tablets which are put up by the supply houses in sterile containers for this especial purpose. This is the most convenient way of securing a safely sterile solution of cocaine. The solution may be used as strong as one per cent, but such a strength is really not essential, the weaker solutions securing perfect freedom from pain where properly used, and not endangering the patient to cocaine poisoning. From three to four drams of a one-fourth of one per cent solution of the cocaine is usually sufficient to perform the operation. In this way the patient is not exposed to any danger from the cocaine, as there are no cases on record which less than half-grain of this alkaloid has produced fatal effects. The patient need never show the physiological effects of the drug, not to mention toxic effects.

In this operation the veins are to be exposed by an incision in the scrotum, and the vessels are to be picked up, ligated

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Meningitis, cerebral: Bryonin for the stage of effusion; give in full doses until it causes purging or free diuresis.

Meningitis, cerebral: Anemonin for acute attacks at the menstrual periods; gr. 1-134 every half hour after free purges.



at two points and a portion excised. The skin is infiltrated along the line of incision. The injection is made in the deeper layers of the skin, and it must be distended distinctly. It turns pale as the injection is first made, then turns a dusky red. The tense infiltration which may be practised in some localities is not called for here in the scrotum. The patient will feel nothing after the first needle puncture, other punctures being made in the infiltrated region. Before beginning the skin incision the line of the proposed incision is tested by pricking it with the needle at various points. The infiltration of the superficial parts may be immediately followed by an attempt to infiltrate the deeper parts, but this plan is inaccurate, and it is my rule to proceed to open the scrotum. The incision in the scrotum should give free access to the distended veins. The thumb and index finger are now used to grasp the mass of veins, which we intend to obliterate. They are drawn through the scrotal incision, and the infiltrating syringe is again picked up. The needle is inserted beneath the vessels and the solution deposited all along beneath them and around the points where the operator intends to ligate and cut across the mass. This infiltration should be thorough. It will require from one half to one dram of solution. Ligatures may now be passed around the mass of veins and they are tied rather tightly, so as to safely occlude the lumen of the vessels. One ligature should be passed as low down as is convenient, the other as high up as possible. The ligatures having been tied, the portion of the vessels between is cut away, and the two ends of the severed tissues

may be brought together if the operator elects.

In picking up the distended veins the operator in his early operations is likely to reach deep into the scrotum and include in his mass of vessels the vas deferens. This part may be easily distinguished by palpation as a firm hard cord, and where the mass included between the fingers includes this part, it should be allowed to slip from the grasp of the operator at once. It slips back into the scrotum out of the way and the operator proceeds as previously described. The operator, as he gains experience in this work, will find it an easy matter to pick up the dilated vessels without including the vas deferens, but the mass included in his grasp should always be palpated before it is tied off so that this part may not be included. Its inclusion would interfere with the passage of the sperma from the testicle to the organs above.

Any small oozing vessels should be carefully ligated or twisted before the stumps formed by the excision of the segment of the vessels are brought together. It is well to bring these ends together, as this closes more or less an artificial cavity formed in the scrotum during the operation. The operator will find that none of this work causes any pain, and he now turns his attention to closing the skin wound. If he has worked slowly, the infiltrating solution in the skin may have escaped and the needle punctures made in closing the skin may cause pain. If such is the case, the operator should again infiltrate the edges of the skin before continuing in the suturing. The sutures should be passed rather closely so as to get a neat approximation of the parts. A successful ambulatory treat-

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Hydrastin for passive liver enlargement, as in late disease of cardiac valves; up to a grain each twenty-four hours for a month.

The iodides should be tried to their limit for waxy liver, chronic congestion, and simple hepatic hypertrophy.

ment demands but one thing, that is, a method of bandaging the parts so that the testicle is not only supported but immobilized. A plain strip of sterile gauze may be placed over the line of incision. Then a pad of gauze or cotton should be placed behind and below the scrotum, so as to lift the testicle somewhat upward and forward, so that it rests against the body just below the external ring. Another mass is placed in front and above, the organ being completely and snugly enveloped in these dressings. These dressings may be retained in place by several narrow strips of adhesive plaster, and then all should be covered and held securely in place by a broad T-bandage. The testicle should not be compressed, but it should be held so that there is absolutely no play in any direction whether the patient be standing, walking or lying. The patient who is allowed to lie in bed for a week or ten days after this operation with the parts dressed in a careless and imperfect manner will have more of a reaction than the patient who is allowed to walk about from the time the operation is completed until recovery is complete.

Chicago, Illinois.

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Here is one of those "loose ends" about which we have taken occasion to speak so frequently in preceding numbers of the CLINIC. The "woods are full" of cases of varicocele; the general practitioner sees many of them, and too often lets them go out of his hands with the casual advice to "get a suspensory," leaving the impression in the mind of the patient that the doctor doesn't know much about these things anyhow. Naturally, as he reads the literature of the adver-

tisers and learns of some wonderful "absorption method," which will cure his varicocele "without pain or resort to the knife," he is ripe for victimization. And away he goes!

The operation for varicocele is simple enough, and as Dr. Miller shows, can be performed with very little discomfort to the patient by any physician who is fairly well equipped and understands the elementary principles of aseptic surgery—provided he has that rarer quality, common sense. Why do not more doctors take care of these cases themselves instead of leaving them to the tender mercies of the quack? Why should he send them to the city surgeon when he can do the work just as well himself, knowing as he must know, that the patient in nine times out of ten would rather have "the home doctor" do the work, provided he has confidence that the home doctor knows how.

Varicocele is but one of many things which are going begging at your very door; and they are not all surgical by any manner of means. There is work enough. The question is, Can you do it? If not, why not? That is something which every man should ask himself. The world always has and always will place a premium on efficiency—on the ability to do things. In nothing is there a greater demand for this kind of ability than in the profession of medicine. The mission of the CLINIC is to help, and it proposes to help in a larger and broader way than ever before, as you will see in the enlarged and broadened field of usefulness which will be outlined for it in January. Keep your eyes open and your hand out for that number, Brother; it will be worth while.—Ed.

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Melancholia: Suicidal forms are said to be benefited by morphine, but it seems like Satan casting out Beelzebub.

Melancholia: The over-tasked brain sometimes will revive under phosphorus or zinc phosphide carefully administered.

# Editorial Chat

**FIRE TOTALLY DESTROYS THE PLANT OF THE CLINIC PUBLISHING COMPANY. THE ABBOTT ALKALOIDAL LABORATORIES SAVED INTACT.**

**T**HURSDAY, November 9th, while our employees were enjoying their noonday rest, fire broke out in the press rooms of The Clinic Publishing Company, and in a

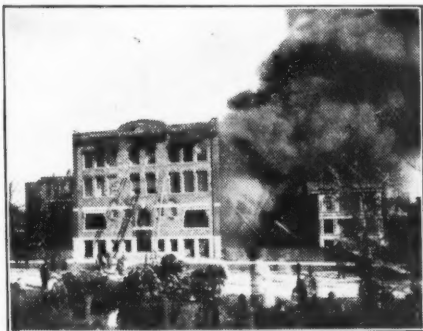


Just After the Fire Broke Out.

few hours the fine four-story brick and stone structure, with its valuable contents, was a mass of ruins. The loss will exceed \$200,000. (Insurance partial.) By the unremitting exertions of the public firemen, and our own force, the framebuildings housing The Abbott Alkaloidal Company next door were saved with but slight loss from scorching and water. No delay will be experienced in the business of The Alkaloidal Company, or The Clinic Publishing Company for that matter, so far as our patrons are concerned. We bear the loss and the brunt, you will help us by patronage and encouragement to recover.

Despite the severe monetary losses we have sustained we feel that we have many reasons for thankfulness: First, that none of our invaluable employes was injured. Second, that although the monetary loss on the building and machinery was so large, it was this rather than the premises of The Alkaloidal Company that was demolished. Printing can be had—but our laboratories with their perfection of equipment and contents could not be replaced in years.

The December CLINIC which was just ready for press, was lost with the rest. By a wise precaution of the office, instituted years ago by Dr. Abbott, carbon copies of all ma-



Another View of the Burning Building.

terial prepared in the editorial rooms are retained by the writers; and only in the case of neglect to observe this rule was this loss permanent; but the

leading articles are gone unless the authors can furnish copies, as well as those in the miscellaneous department and the queries. The manuscript and type pages of several important books were lost, among them two of Dr. Waugh's of which, however, he has carbon copies almost complete, but it will take time to reproduce them in complete form.

More than 100 men and women were thrown out of employment; this with the winter so close is a serious misfortune; but the quality of the CLINIC employes is so high that we have been able to temporarily place nearly all with firms who will help us till we can rebuild. We feel our own loss acutely, for with the passing of all this our burdens are increased as none can know but those who have experienced a like misfortune. But we know our own capacity for work which we shall tax to the uttermost; we know our friends, and that they will help us still more strenuously to push our business to the front; and

saved. If you are in arrears, we shall appreciate your remittance now, and a dollar in advance ("A Building Dollar") as well. Help us, and we'll build again!



The Ruins of the Publishing Building.

We'll build any way, but with what is due us at hand and your comparative helpfulness in other ways, we can do it easier, and quicker, and to do so *cito, tuto et jucunde* is what we want.

#### THE KENTUCKY VALLEY MEDICAL ASSOCIATION

We had prepared for the CLINIC an editorial, telling briefly of the splendid meeting of the Kentucky Valley Medical Association at Lexington, the last of October. That editorial has disappeared with the rest of the CLINIC, as originally prepared for December; it was in type and ready to print—but no matter.

While we cannot replace the resumé of the meeting as originally prepared, simply because we cannot recall all of the items, we want to say here that it was good—all good, and that we appreciated everything on the program. There were fine papers by Drs. Mansfield, Gleason, Roberts, Van Meter, Smith—and in fact



Our Plant as it Now Stands.

with a strong pull and a long pull ("Dose Enough") we'll soon recover.

By the utmost good fortune our subscription and financial records were

**Melancholia:** Hysterical and suicidal cases are usually amenable to valerianates—zinc, iron, caffeine, atropine.

**Melancholia:** All cases, with no exception, are constipated and autotoxemic; attend to this first of all indications.

all; the talk by Ricketts, of Cincinnati, was one of the most practical and helpful for the general practitioner that we have ever heard; while the final paper by Ussery, of Paris, was the cap-sheaf that crowned the whole work and left us all with just the spirit we needed—the spirit of mutual helpfulness, and confidence, and determination to go out and do things —“as they do in Bourbon County.”

So while we can not “write up” this meeting, we take this opportunity to strike hands with the brethren in the Kentucky Valley, and assure them that we are still with them in spirit. You are doing splendid work, Brethren. Keep it up!

### PICROTOXIN.

In *Merck's Archives* for October, French contributes a valuable paper on picrotoxin, from which the following notes are taken.

Picrotoxin acts mainly on the medulla, the cord and upper brain being comparatively unaffected, according to Cushny.

Bonnefein says it excites convulsions indirectly by stimulating the cerebro-spinal reflexes. Burt attributes its action to the anterior tract, controlling muscular movements.

Tschudi says picrotoxin causes alternating clonic and tonic spasms, killing in 1-2 hours; slight narcotic action on the brain, frequent vomiting, and increases the secretion of saliva and bile remarkably.

Strychnine causes only tonic spasms, kills in three minutes; does not act on the brain, cause vomiting or affect the secretion of saliva or bile.

Picrotoxin causes drowsiness, stupor,

coma, and sometimes delirium. If the dose be too small to produce death quickly, the prominent symptoms are headache, vertigo, nausea, general depression, mild anesthesia, incoordination, and spasmodic muscular twitching. Moderate doses slow the heart and increase arterial tension. Larger doses depress the heart, even stopping it, the pulse later becoming faster (Cushny). It increases respiration markedly in rapidity, this becoming slow and labored as paralysis approaches. Nausea and faintness are early symptoms. Perspiration also increases, also the secretion from the mucous membrane of the mouth, thorax, trachea, and bronchi.

Murrell says picrotoxin raises temperature; Cushny says it lowers temperature when the dose is below the convulsant point. Burt says it causes ovario-uterine hyperesthesia and spasmodic pains, with general muscular prostration.

Picrotoxin is eliminated by the kidneys and skin. Strychnine and pilocarpine are each antagonistic to some extent.

Atropine, chloral, and diffusible stimulants are antagonistic. Applied locally to destroy lice, toxic symptoms may follow.

Picrotoxin has been used with success for the night-sweats of phthisis. Cushny attributes this action to the increased respiration, preventing perspiration through asphyxia. The best results are obtained by combining picrotoxin .001, agaricin .005 atropine .0005, to be taken together at bedtime. Picrotoxin has been employed with benefit in functional nervous diseases, such as epilepsy, chorea, alcoholic tremor, nervous debility, paresis, facial paralysis, migraine, and paralysis agitans.

Picrotoxin is of value in nervous atony of the stomach, intestinal dyspepsia, tor-

Mastitis: When there is inflammation with fever, aconitine is quite effective when given to effect, breaking the fever.

Mastitis: Cicutine hydrobromide, gr. 1-67 every hour, relieves the pain and dissipates the hyperemia of the breast.



por of the mucous glands, general muscular inactivity, and constipation. It is indicated as a respiratory stimulant, but has not as yet been thus utilized. One writer reports its use as a remedy for nasal catarrh, with perfect satisfaction, the dose being .0005, 3 to 10 times a day.

### A WORD WITH OUR CRITICS.

The *American Medical Journalist* is a little publication edited and published by one O'Gorman, the advertising man for Dr. Lawrence's secret-nostrum products and in its September issue it takes up and rehashes our comments on its attack on us, quotes a paragraph from a September editorial, and proceeds to comment as follows:

"THE ALKALOIDAL CLINIC is apparently as little able to differentiate between temperate criticism of the methods of the 'machine' management of the Association, as distinguished from the body proper, as it appears to be of appreciating—as to itself—the difference between virulence and pure satire."

Pure satire! The paragraphs to which we objected, then, illustrate what Mr. O'Gorman considers pure satire. In it he took certain statements of ours and garbled them by introducing comments of his own, attributing to us sentiments we never uttered, and for which he had not the slightest authority except his own malevolent imagination, and published the product in such a manner that nine readers out of ten would suppose the whole a simple quotation from the CLINIC. Is that sarcasm? To us it seems perilously like wilful misrepresentation.

A man whose own sentiments are

mean enough, can attribute unworthy motives to the best of men, to the most candid and disinterested action. It depends on the glass through which one looks. Persons engaged in any scheme which they, in their inmost hearts, feel to be disreputable, will probably see self interest, and nothing else, in all that any of their contemporaries say or do—it makes the rascal so much more comfortable to say all other men are as vile as himself.

Here's a bit more, O'Gorman! He says: "We raise no issue with the American Medical Association *per se*, anything and everything it is possible to do for the welfare and progress of the A. M. A., *per se*, should be done at any and all times;" and it is only the "machine management" he opposes, etc. The usual cry of the weak would-be demagogue.

The management of the A. M. A. has instituted and is carrying out certain plans for the betterment of the Association and the medical profession, plans that have received the endorsement of the chosen representatives of the Association's branches, and of the members present at their meetings. On what basis does this advertising agent, Mr. O'Gorman (the *American Medical Journalist*—a pure misnomer) presume to speak for any part of the Association or of the profession? Who appointed him, or gave him that authority? He stands simply as a paid "power of attorney" for certain purely (not pure) commercial interests, that think they are hit (and we hope they are) by the salutary reforms advocated by the "machine" management, as he terms it, and by the whole Association;

For hysteria with chronic hepatitis and engorgement, fat flabby amenorrheics, give sanguinarine up to gr. one-fourth daily.

Torpid liver and jaundice after ague; cirrhosis and ascites; gives stillingina a grain a day increasing to limit or effect.

and in the supposed interests of his clients he opposes these reforms.

The gentleman offers to quote the CLINIC against the "machine". Probably he can if he garbles well. We were not very favorably impressed by the plans of the Association as first published. We thought we saw in them certain dangerous tendencies. Later—we dare not take to our expressions and suggestions credit therefor—the development of these plans showed that the apprehended dangers had been eliminated, and as finally laid before the profession we found them worthy of support, and we supported and support them squarely. As long as the Association managers continue to advocate what we deem wise measures, as they are now doing, we will support them, and not a hairsbreadth further.

We are absolutely independent as to them or any one else; having no fear, and asking no favor. No ethical standard can be too high for us. If it is too high for Mr. O'Gorman, and those he represents, we can only urge him (them) to reform, for he and all the "barkers" cannot wield sufficient influence to make the A. M. A. take a lower stand or the CLINIC to go back on it. The outspoken approval of the best elements of the profession is too unanimous, too strong, to permit the voice of paid or mendacious criticism to be effective.

So much for O'Gorman and his publication, the *Journalist*, and all those dog Trays, in bad company or otherwise, who help him bark; we have given him space as a representative—if not the most important, at any rate

the loudest—of those whom the reform has stirred up.

Sometimes we suffer from the too great enthusiasm of our friends. Good will is not necessarily attended with good judgment, and the rashness of a hot-headed ally may involve us in a quarrel which coolness and forbearance would have avoided. And in most human affairs we may accept the maxim, that while a friend may do us little good, an enemy is sure to do us harm.

For some time Mr. O'Gorman has acted as the mouthpiece of a group of nostrum manufacturers, and he has assuredly displayed plenty of enthusiasm in their service. But it is one thing to relieve one's mind by forcible utterance, and another to accomplish something of value thereby. During the period of Mr. O'Gorman's activities we find that he has engineered a complete estrangement of his clients from the greatest and most influential body of American physicians, that which represents the highest standard of intelligence and professional attainments.

To any persons desiring to do business with the medical profession, such an estrangement is almost a disaster—at least it is a most unwise thing to permit, as it throws the persons thus quarreling back upon the less advanced and less reputable portion, who are not particular as to the ethical standing of their purveyors. Obviously, the next step—and a short one—is to the laity, and if O'Gorman's campaign is approved by his clients we look to see them soon throw off every professional restraint and frankly join the ranks of the "patent-medicine men."

If this is not their expectation, they

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For acute hepatitis or threatened abscess, give tartar emetic, gr. 1-67, every hour till pulse denotes dose enough.

Acute hepatitis or threatened abscess: Clean and disinfect bowels, and push calcium sulphide to quick saturation.

have acted most unwisely in placing their affairs in youthful and inexperienced hands; and the sooner they recognize this mistake and take matters into their own hands, and fall into line with the influential elements of the profession, the better for them.

Probably no one could say this with as good a grace as the CLINIC, which has not hesitated to push its propaganda for reform in therapeutics in the face of indifference, if not open opposition, from this very influential class. But we knew it was simply a matter of time till they would come to our position, for we were right and our movement was and is in the line of scientific progress; the only enemies we could arouse being those of selfish interests, in pharmacy and medicine.

But Mr. O'Gorman's energies are not confined to the sheet he so vigorously edits—he also controls the advertising of the group referred to. Under his able (?) management their ads seem to have mainly disappeared from the most influential and widely circulated periodicals. The *Medical Record*, *Journal* and *News* of New York, *American Medicine* and the *Boston Weekly* each print a half page of Lawrence advertising, the *Association Journal* a quarter page; while the monthlies of largest circulation and known as giving the best returns for the money invested, like the *Therapeutic Gazette*, the *Medical World*, the *Medical Council* and some others have none at all.

But we look into a journal—not exactly obscure, but its best friends would hardly claim its influence quite equalled that of those above mentioned—and it fairly bristles with St. Louis advertising.

It is all very well to reward our friends and punish our enemies if we choose to spend our money that way but—does it pay?

Business is business; and when a man puts out a dollar in advertising, it is rather with the expectation of getting it back with interest, than as a means of favoring somebody, or paying an agent commissions so big that there is nothing left to pay the printer. And the doctor, his nose out of financial joint by the leading of many years, pays the bill while he helps the nostrum manufacturer on his way to the laity, his ultimate aim.

Let us reiterate: This movement for more scientific, for more exact therapeutics has come to stay. No scurrilous attacks, no concerted action can stop its onward progress. There comes a time for every question to be settled and no question is settled until it is settled right. It is well for those whose vociferous mouthpiece Mr. O'Gorman has been for the last few months to bear in mind that the movement against unscientific and fraudulent nostrums is not a new one, "born but yesterday."

Many attempts have been made to suppress the nostrum octopus, but the time was not ripe and the attempts proved abortive. But the time is ripe now and the profession is in dead earnest. No manufacturer who has a valuable product to offer to the medical profession need have any apprehension. On the contrary all honest manufacturers should rejoice over a movement which is destined to separate the wheat from the chaff, the honest proprietaries from

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A blister over the liver will usually relieve obstinate epistaxis; always stop the pain of hepatic hyperemia.

Most of the chronic disorders of the liver subside under the use of boldine; gr. 1-67 four times a day, with salines.

fraudulent humbugs, the worthy remedies which signify a step forward in the progress of therapeutics, a step toward light and science, from the worthless mixtures which mean a step backward, a step toward darkness and ignorance.

### SIMMONS OF THE JOURNAL.

In the days of our youth we used to laugh at the ambition of a baby brother who then declared that when he was a man he would be a stage driver and drive thirteen horses. Somehow, after being many years entombed in some forgotten cell of our memory, the thought recurred to us during a recent interview with Dr. Simmons of the *Journal of the American Medical Association*.

The task of driving a thirteen-horse team seems small indeed compared with the mental agility, the intuitive foresight, and the sterling qualities which have enabled Dr. Simmons, through sheer merit, to retain his position all these years in the midst of the chaotic whirl and constant kaleidoscopic changes necessarily occurring in such a great body of independent men, no part of which is bound to another by the cohesive force of party discipline. We may not agree with Dr. Simmons in all he does; but to those who are disposed to criticise him we feel like saying, just put yourself in his place and if you think you can do as well you certainly have no mean opinion of your own capabilities.

### THE IMPORTANCE OF THE UNDERLYING CONDITION.

The inquiring mind is generally also fertile of ideas; the man who never

questions, rarely creates. Inquisitiveness is often the handmaiden of invention.

This rule applies with especial force in medicine. Those who accept the dicta of preceptors—the verdict of the dead clinicians—may perform satisfactorily work which has been done before, time and time again, but will hardly develop new methods of procedure or improve existing practices. The physician, on the contrary, who wonders *why* such and such a thing occurs and *why* certain remedies, when given under certain conditions, produce certain results, is likely to make discoveries which will lead him to entirely relinquish the methods he has been taught to follow.

If, for instance, he finds out that all the typhoid fever cases which get milk food, run a high temperature and frequently develop hemorrhage, he may from sheer inquisitiveness (just to find out what will happen), stop the milk entirely. If, as a result, he finds such cases presenting, under otherwise similar treatment, a lower range of temperature, shorter period of disability and a lower percentage of hemorrhages, he is likely to decide that milk should not be given in typhoid; and, if he be an argumentative individual, is quite likely to state such opinion publicly. This "new idea" may shock those who have given milk in typhoid for two decades with a death percentage of 15 per cent, but may be gladly accepted by other physicians who would like to save their patients. If, then, as a result of this inquisitiveness, the number of typhoid victims is lessened, the inquisitive man has proved himself a benefactor to his race; the "shocked few" to the contrary notwithstanding!

Now, if the intelligent doctor generally

Why is it that a little bile will usually start the bile down the proper channels, even if it has seemed excessive?

A little bile after meals works like magic in suitable cases; and usually insures perfect intestinal digestion.

will allow his bump of inquisitiveness to grow (within reasonable bounds), there will be, it is quite likely, considerable progress along therapeutic lines. For instance, if he will insist upon finding out what causes Mrs. Smith's headache (instead of giving her acetanilid, morphine, or some widely-heralded "megrim dissipator," and letting his gray matter rest at this point), he may discover that uric acid retention sets up the condition, or that intestinal atony with the accompanying autotoxemia is the underlying condition which causes the trouble.

Having originality enough to be inquisitive, he will be inventive and the next thing he will probably do, will be to initiate treatment for the removal of the causative disorder. If he then finds that the headaches cease, he is likely to assert that the proper way to cure this particular variety of cephalalgia is to get rid of the uric acid or restore intestinal activity. "Shocking!" Of course—but eminently beneficial to humanity!

Again, a child is seized with recurring convulsions. The highly-enlightened practitioner sent for, administers all the tried and approved antispasmodics, resorts to baths, blisters and revulsants, and does everything which the books and schools teach should be done. But, alas! the convulsions continue, even though the child is semi-paralyzed with chloral and opium.

In desperation another doctor is sent for. He happens to be "inquisitive and inventive." Carefully and minutely he looks over the infant from head to foot; examines the ears, nose, and mouth, palpates the abdomen, looks at the stools, tests the urine, finds out about the diet. Nothing of the usual causative character

here is discoverable. Finally he tries to withdraw the prepuce and notes that the mucosa is red and the glans irritated; then he turns the child about and tries to insert his finger into the anus. A pencil *might* get through the sphincters but nothing larger could. He takes out his case, asks for some oil and water and, after anointing his fingers, one after another, dilates the sphincter and thoroughly and finishes by circumcising the child. There are no more convulsions and drugging is unnecessary.

Now, this gentleman was *not* taught to do this sort of thing, when called to a case of convulsions in an infant! His desire to get at the *underlying cause* alone saved this life. Would *you* laugh at him if he comes out later, and earnestly urges that in all convulsive cases the prepuce and sphincter *ani* be examined for abnormalities? If you *would* and preferred to go on following established customs, it's going to be pretty rough on your little patients and, by the same token, on you—*later on*.

How? Well, you see, Doctor, people are going to school more now-a-days and they read more. As a result, the doctor is not a very marvelous individual unless he happens to really do some seemingly marvelous things. You catch the point? The man who *knows* what others have done can always do the same thing, but if he also wants to know *why* things occur—and insists on finding out—he is apt to suddenly see a great light and do something entirely different. Having a reason for what he does he accomplishes what he aims to do and, consequently, becomes known as "the doctor who does things."

Believe us, Brother, when the hand of death is pointing full at some dear

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Query—If iodine or antimony act more quickly and powerfully in relieving acute congestions of the liver?

Ammonium iodide has been urged for acute hepatic hyperemias, but calcium iodized is speedier and more powerful—full doses.



one (or even, for that matter, when Johnny swallows a cent!) the frantic messenger for medical aid is directed to bring—not the doctor who faithfully follows precedent and rests content to achieve results achieved by his forefathers—not *this* man, *but*—the doctor who does things; the man who knows enough to want to know some more; who looks for and finds the underlying conditions; and who, when he finds it, applies the proper remedy.

This is the man who will win recognition first from the people and finally from the great body of the profession. He *may* “shock” the few—but he will mightily please the many! And better than this, moreover, he will, when he has perforce to give up the fight, possess the knowledge that his work has been not the mere machine-like repetition of some long-performed actions, but original, progressive and of inestimable benefit to the human race.

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### SUPPORT YOUR HOME JOURNAL.

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In looking over the departments of abstracts in the great medical weeklies, we find that with the exception of some foreign periodicals they are composed exclusively of abstracts from the “great medical weeklies.” There seems to be a little admiration society among the gentlemanly editors, who thus scratch each other’s backs assiduously; and by implication suggest that the only medical literature worth abstracting appears in the original article departments of the afore-mentioned “great medical weeklies.” Now and then an

exception is made, generally in the case of a monthly published under the same management.

There does not seem to be any essential reason why a worthy article on a medical topic can be published in nothing but a weekly; and an examination of the medical monthlies seems to show an average excellence, in many of them at least, equal to the weekly standard. Nevertheless, one cannot go through his entire list of exchanges without finding some cause for the preference herein noted.

Many of the best writers in the profession seem to ignore their local journals and send the best products of their pens to the great central journals. Our political and social systems are built upon the theory of a balance between the centrifugal and centripetal forces. Each of these presents advantages and defects that are obviated by the influence of the other. It would be a disaster to the community were the doctrine of States’ Rights, and the principle of local self-government, to be overwhelmed by the excessive development of the influence of the central government.

It is a mistake for any medical community to neglect its home journals. Rightly or wrongly these must be taken as representative of the medical profession in their respective localities, and if the best men in each send their best efforts to the journals of general circulation only, the writers must suffer with the rest for the weakness of their home journal.

These journals of general circulation receive so many papers for publication that writers, unless specially favored

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Measles: It is yet to be shown whether calcium sulphide can, or can’t, abort an attack when given to saturation.

Measles: The French dosimetricians praise the sulphide as the dominant, anti-infective agent in treating this malady.

by the editors, find their papers pigeon-holed until the matter is stale; and their efforts are wasted, or the points they have made have been anticipated by others who were more fortunate in obtaining early publication. In the mean time their home journal has printed one or two rather mediocre original articles, and filled up the body of the journal with second or third hand clippings.

We say, therefore, that it is to the interest of every physician to subscribe for and contribute to his local journal. Even more is it to his personal interest to do so from a commercial point of view, as his writings circulate in this way among the neighboring profession, which can most readily call upon him for professional assistance.

Keep your local journal and those in the neighboring states always well supplied with articles from your pen. Brief, carefully prepared, practical papers, are always in demand from the editors of medical journals.

The same remarks apply in principle to local medical societies. It is the men best of the profession, the most ethical and progressive, those most animated by a desire to establish fraternal relations with their fellows, who become affiliated with medical societies. No matter how bright and well educated a man may be, he will find in these meetings opportunities to measure his wits against those of other men, to develop his own ideas by combating objections to them, and very possibly he may even learn from his brethren some things he did not previously know. The man who resolutely holds himself aloof from other men in the same profession, may simply be possessed with

an invincible modesty, but very likely he has other and less creditable reasons for his seclusion.

Attend your local society meetings, Doctor: Go there prepared to talk; present your views on the subjects that appear to you most worthy of discussion, those upon which you know the most or concerning which you most need increased information.

The CLINIC receives every month several times as much good material, plenty good enough to be published, and too good to be lost, as it can find room for in its pages. In going over our exchanges we cannot help wishing that many of them received a portion of this material. We would like to share it with them, if we could do so without hurting the feelings of their editors and the writers; but it would be better if the latter were themselves to send to local journals some of their contributions.

There is no department of medical science of such vital importance to the profession as the substitution of scientific therapeutics for the worn-out unsatisfactory, empiric methods hitherto in vogue. Observations on the application of definite remedial agents, administered on strictly scientific grounds, are scarce indeed outside of the CLINIC. See to this matter, Doctor, and you will thereby help yourself, help your home journal, and further the cause of truth.

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### THE NEW PHARMACOPEIA.

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Several of the changes in the new edition of the United States Pharmacopeia deserve special comment. "Straws show

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Small cold ememas exert an immense effect in starting the excretion of bile when the ducts have been obstructed.

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Arsenic iodide and antimony arsenate should each be tried in acute affections of the liver—and chronics, too.

which way blows the wind," and there are a number of straws big enough to make telegraph poles, to be found in this work. One is the addition of nine alkaloids to the small list contained in previous editions. More important is the adoption of the alkaloidal standard for nearly fifty preparations, such as crude drugs, extracts, and tinctures. The standard of ext. nux vomica is also changed from total alkaloids to strychnine, an important move in the direction of accuracy.

In fact, our impression is that the Pharmacopeia has progressed along the line of accurate, scientific therapeutics as far as the state of knowledge in the medical profession will at present permit; and we predict that if the awakening, which is evidently going on wherever the influence of the CLINIC extends, shall continue, the next revision will come pretty closely in harmony with our "Text-book of Alkaloidal Therapeutics."

It is not often we indulge in predictions; our time is pretty fully occupied in the endeavor to keep abreast of the present, but you can cut this out and file it away for reference.

#### A BAD NEW PILL.

A little knowledge is a dangerous thing; and the people who place a new pill on the U. S. Pharmacopeia list ought to have much more than a little knowledge before doing so. Under the name of "pilula laxativa composita" the new U. S. P. lists a pill, consisting of aloin, gr. 1-5; strychnine, gr. 1-130; ext. belladonna, gr. 1-8; ipecac, gr. 1-16; and licorice, gr. 1-2.

It is a badly-constructed pill. The aloin

will pass muster as a rectal stimulant, the strychnine is nearly the proper dose as a stimulant to peristalsis, the ipecac is about right as an incitant of intestinal secretion, the licorice is worthless, and the belladonna enormously excessive in dosage. This remedy as an ingredient of aperient pills was introduced by Brunton, who found that a minute dose removed an obstacle by paralyzing inhibition. Larger doses paralyze peristalsis and hinder the action of the other ingredients of this pill. Were the dose reduced to grain 1-32, or better, replaced by atropine, grain 1-1000, the combination would be much more effective.

#### STAND BY OUR ALLIES.

The entire medical profession is looking with profound interest upon the efforts of *The Ladies' Home Journal*, and *Everybody's Magazine*, to make head against that form of graft which consists in "retaining" the periodical press of the country in favor of nostrums. *Collier's* for November 4 contains a most important contribution to this revolt, in a remarkable paper headed, "Patent Medicine Conspiracy Against the Freedom of the Press." In it they give facsimiles of advertising contracts, which are to be rendered void by the enactment of any law in the state prohibiting the manufacture or sale of proprietary medicines.

This compels the journal thus bribed to actively fight any such law, in order to preserve its advertising patronage.

If you will glance over any periodicals of any description that come to your office, and notice what proportion

Saturated salt enemas start exosmose and relieve congested livers when any drug may fail to work fast enough.

Modern researches show the liver to be even more important than our ancestors believed when they calomeled everyone.

of the advertising space is occupied by this class of matter, you will appreciate how great is the pecuniary interest of the journal in the nostrum business. No wonder these people have "ruled the roost" so many years; no wonder the medical profession is poor and finds it difficult to make both ends meet.

Take any community in the United States, we care not which, and we affirm without fear of successful contradiction, that the money spent in it for worthless and injurious proprietary medicines would place the medical profession of that community in a state of affluence. Moreover, we state frankly, as we have repeatedly done before, that for this evil like all others from which we suffer, we ourselves are responsible. We have in our own hands the remedies, if we would use them. First is combination, which renders our power effective; and second is the application of common sense to our struggle against this wrong which has eaten into the vitals of the profession so deeply.

Years ago one of the prominent Philadelphia dailies stated that it would willingly give up all such objectionable advertising, if the medical profession would utilize the space occupied by it; and the suggestion was made that this should be done by the insertion of physicians' cards, giving simply the name, the location of the office, and the office hours; and if approved by the local society, a single line indicating the specialty. We have in Chicago something like 4,000 physicians. If each occupied three lines in the journals published here, the expense would not be very great for each man, and it

would constitute a valuable directory for citizens and strangers, telling them when and where they could find the physician they needed.

In fact, it is difficult to say why such material printed in a directory is ethical, and when printed in a newspaper is not. Such hairsplitting confuses the mind as to the nature of absolute right and wrong by setting up artificial distinctions which the conscience cannot appreciate. If this were done under the regulations of the county society, the ethical status of the matter could be easily arranged; and the patent medicine business could be swept out of the periodical press, at an expenditure that would be but a trifle compared with the actual increase in the income of the profession which would result. We should not hold the penny so closely to our eyes as to obscure the dollar.

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#### A HUNTER'S CASE.

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Every time the writer goes shooting he has to solve the problem of what medicines to take with him. This involves the expenditure of time and gray matter—and we have no surplus of either. We have therefore concluded to get up a case for ourselves containing the necessities, which can be kept in readiness for such trips. To do this we take up the list, and note what we may possibly need in the emergencies likely to present themselves on such a trip.

In general we prefer single remedies to compounds, as offering a better opportunity for varying the medication according to the varying needs. We therefore commence with 100 granules

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A grain of emetine at bedtime, retained, will clear the liver in a way calomel might be proud to equal.

Acute, gouty hyperemias and hepatites call for colchicine, a full dose at bedtime; gr. 1-67 upward, as per tolerance.

of aconitine, for fever and all the perturbations of circulation which are liable to occur from the incident exposure.

It is safe to carry a little apomorphine, since poisoning might occur, and an emetic that can be used hypodermically is a good thing. We will place this remedy with the hypodermic syringe.

Next comes atropine, which as the universal remedy for spasmodic pain and for hemorrhage is perhaps the most indispensable of the entire list. Of this we take 100 granules, selecting the valerianate as the most quickly soluble.

Next comes calcium iodized to quickly break up a cold, and with this we fill one of the 100-granule vials.

A similar vial contains calomel, gr. 1-6, often required by the camper, in whom the exercise and environment are apt to beget an appetite in excess of his digestive capacity.

Our only reason for omitting capsicin is that the stores of any well-chosen camping outfit will contain this agent in the form of red pepper; and we only take here necessities not otherwise provided for. But we break our rule here as to compounds in favor of 100 granules of chlorodyne, a remedy so prompt and powerful, in so small a bulk, that it has to go in.

Another hypodermic tablet tube contains cocaine, an invaluable remedy when you have a foreign body to remove from the eye, and for many other purposes.

Next come 100 granules of digitalin, obviously an essential whose selection requires no explanation.

Snake bites and other venomous infections are possibilities, so that we fill another vial with echinacea tablets.

Emetine has so many possibilities in the way of relieving cough, stimulating the liver and inducing sleep after a possible alcoholic excess (which might occur with a stranger or guide), that we add 100 granules, gr. 1-6 each.

Glonoïn, the little giant life-saver, goes in as a matter of course, 100 granules. Invaluable, in hemorrhage, fainting or shock.

Copper arsenite is the only intestinal antiseptic whose dose is small enough to permit its inclusion, and we put in 100 granules, gr. 1-100 each.

Many a time a little iodoform comes in handy for local use or internal administration. We add 100 granules, gr. 1-6 each.

Morphine does so many things that it must have place here where space must be economized, though for every use to which it can be put we have a better remedy in our large case at home. We put in 100 granules of the muriate, gr. 1-12.

The tremendous powers of pilocarpine may not be needed but if they are, we need it mighty badly, so we add a tube of the hypodermic tablets.

We never go on such an expedition without plenty of cathartics, but the addition of 100 granules of podophyllotoxin to the foregoing amply fulfills this need.

The water may be bad. A bottle of potassium permanganate tablets enables us to test and at the same time purify it.

We replace the inevitable 2-grain quinine pills by a vial containing 100

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Eupatorin stimulates the secretion of bile, and is useful for sluggish livers in sedentary meat eaters; a grain at bedtime.

As a regular nightly hepatic stimulant, prefer emetine to calomel, or combine podophyllotoxin, iridin, euonymin, or leptandrin.



granules of quinine arsenate, 1-6 gr. each, as each grain of this represents therapeutically 15 grains of the sulphate.

A can of saline laxative goes as a matter of course.

One hundred granules of strychnine arsenate, gr. 1-30, and a tube of hypodermic tablets of strychnine nitrate, gr. 1-50. You cannot have too much strychnine along.

Finally we have 100 granules of veratrine, and this completes our list. It would be difficult to conceive of any emergency occurring upon such a trip which would not be met by this selection. We might add with advantage a cone of menthol, or of the crystallized liniment prepared by Wyeth—a prompt rubefacient, non-spillable, and non-blistering.

We find that we have placed on our list seventeen 100-granule vials and four tubes of hypodermic tablets. The latter go in the case with the syringe; the former nearly fill two nine-vial cases, and in the remaining space we place another compound, the granule known as antispasmodic No. 1. We thus have our hypodermic case, two-vest-pocket cases, can of saline and crystallized liniment—a whole pharmacy of tremendous potencies that still occupy very little room.

If any of our readers feel like making suggestions for an improvement of this list we will be glad to hear from them.

#### STRYCHNINE AS AN EVACUANT.

In the *Therapeutic Gazette*, Dr. Geo. E. Pettey contributed a suggestive

paper with the above title. He begins by speaking of the importance of cleaning up and clearing out, and the consequences of neglect, which we need not repeat to CLINIC readers. Two forces are concerned in evacuating the bowel, moisture and peristalsis; the latter he considers most frequently deficient. In this we think he fails to take into account the importance of the role enacted by the gas. Take a mass of confection of senna, press it between your fingers and it will stick. Now if you incorporate in this mass tartaric acid and a carbonated alkali, so that every portion of the mass will be permeated by bubbles of the escaping gas, you will find that the mass will not stick to your fingers. Moreover, when a fecal mass pauses in its descent through the alimentary canal it is not suffered to remain quiet, because the gas arising from it distends the bowel behind it and impels it forward. It is singular that those worthy personages who feel compelled to find evidences of design in every part of the human body, have failed to hit upon the theory, that as the stool must be elevated from the cecum directly against the force of gravity, the vermiform appendix is located where it is for the supply of a volume of gas to meet this difficulty. The difficulty exists nowhere else in the bowel, and nowhere else do we find an appendix—*quod erat demonstrandum*.

Dr. Pettey says that peristalsis is excited by the chemical action of the remedy given, the irritating qualities of the secretion induced, or mechanical distention of the gut by hypersecretion. All three lead back to irritation of

Can anyone tell the differing indications for euonymin, leptandrin, podophyllin, iridin, and chelidonin?

Measles: During convalescence of scrofulous children, give iron iodide; gr. 1-12 every two to four hours with two drops nuclein.

the motor nerves supplying this tract. The irritation occurs only at the affected points; but the entire intestinal tract may receive a stimulation of its motor nerves, by applying to the nerve centers the powerful excitation of strychnine. By this we avoid the serious difficulties encountered in the use of ordinary cathartics. Instead of being an adjuvant to active cathartics he places strychnine in the role of principal. And most assuredly he is in no wise timid in his administration of this drug, until "dose enough" has been attained. He advises from 1-30 to 1-8 of a grain, at intervals of two or three hours, until four to six such doses have been given! The young require smaller doses than the old; short, chunky people less than the tall, dangling, loose-jointed human structures. Tissue tone varies likewise, and the thin, flabby and relaxed require larger doses. It will be seen from this that the maximum dose he mentions would be 3-4 of a grain of strychnine in one day.

Well, what of it? Why not? If that much strychnine is needed, why not give it? In speaking of diagnosis as having been made a fetich by a certain influential section of the medical profession, we might have added that the level dose is another fetich, worshipped by many others. To a good many physicians the dose of strychnine is 1-40 of a grain; and if any of their patients ever get any other dose it is solely on account of youth. If this dose proves too much, the doctor lowers his dosage to 1-60 of a grain, and never exceeds it thereafter; while if the dose proves too little to do the work ex-

pected of it, his confidence in strychnine, as a remedy in that disease is shattered.

More power to you, Dr. Pettey. You are one of the very few men who seem to realize that medicines were made for the use of the doctor, his intelligent use, and not the doctor for a dispenser of medicines.

### MEDICAL TREATMENT OF GALLSTONES.

We have just read an excellent article on this subject, which was read by Dr. E. W. Goodenough before the Connecticut State Medical Society. It is too good a paper to be buried in a volume of proceedings; perhaps if you write the doctor, at Waterbury, Conn., he will send you a copy of the reprint.

During the acute attacks Dr. Goodenough gives olive oil; he has employed this remedy about fifty times and knows whereof he speaks. It is given in six- or eight-ounce doses, and when the attack is prolonged with daily exacerbations, it is repeated every third day. The olive oil, he says, is valuable: (1) because it is an antispasmodic and assists the chloroform which may be given in dilating the ducts; (2) it is an efficient laxative, acting within twelve hours, thereby preventing intestinal stasis and the accompanying autointoxication; (3) it is a stimulant to the mucous glands of the gall-bladder, rendering the bile more fluid. While the oil is not very pleasant to the taker, it is very rarely vomited and a little brandy or peppermint on top of the tumbler of oil will considerably disguise the taste.

The olive oil is used only during the acute attack; after the acute symptoms

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Measles: As a heart tonic for children and to check sweating, give brucine; gr. 1-134 every one to four hours.

Measles: Phenacetin seems to have a remarkable effect in hindering the development of the attack in regular course.

have subsided and the bowels have been moved, sodium salicylate or aspirin is given in ten-grain doses every four hours, and usually relieves the soreness very rapidly. Dry cups over the right hypochondrium have proven very effective. Diet must be very simple until the acute symptoms have passed. Salines (preferably sodium salts) should be given in sufficient quantity to keep the bowels freely open. Indigestion, from improper food, increases the work of the liver and should be avoided.

Dr. Goodenough thinks that ox-gall seems to increase the amount of cholesterol and hinders rather than aids the removal of cholelithiasis. In the interval treatment Dr. Goodenough praises the action of sodium succinate. Where he has used this with an accompanying purgative when indicated, and the sodium salts once a week, he has had no further attacks of the colic, though his experience with this remedy covers but a year.

### GROUPING MEDICINES.

The habit of arranging medicines in groups has its advantages and disadvantages; and we are coming to the conclusion that the latter more than counterbalance the former. It is easier for the student to learn his *Materia Medica* when the remedies are arranged in groups after a comprehensible system. In fact he must do this, if he is to get a working knowledge of this department of medical science.

Unfortunately the average medical student goes very little farther. He learns there is a group of medicines known as cathartics; possibly he learns to divide

the cathartics into three subgroups, but here he stops. How many graduates can give the different indications calling for magnesia, magnesium sulphate, sodium sulphate, sodium phosphate, potassium bitartrate, and magnesium citrate? Only after years of practice, if at all, does he learn that there are times and occasions for each and every one of these agents, which are not precisely fulfilled by the substitution of any other of the group.

Then take the heart tonics: Digitalis and digitalin are widely asunder in their powers; strophanthin is distinguished from all other cardiac tonics; cactus has a field of action which is most assuredly not that of any of the preceding. Our own studies of sparteine, adonidin, caffeine, erythrophloeine, apocynin, barium chloride, macrotin and convallamarin, have convinced us that no two of them exert precisely the same action. At least two of the list have a decided action upon the bowels; and no two act in precisely the same degree as heart tonics, vascular tensors and diuretics.

We have already called attention to the need of a closer study of the strychnine group, comprising besides this remedy, brucine (which is also a local anesthetic), thebaine, laudanine, calabarine, gelsemine, curarine, and others.

The chemistry of the atropine group has not been so far elucidated as to permit us to recognize in the solanaceous alkaloids more than two alkaloids—atropine and hyoscyne. These are antagonistic over part of their field and must not be grouped together in the clinician's mind. Solanine seems to

Measles: All our life we have watched for a case of noma—cheek gangrene—and never yet witnessed a case. Have you?

Measles: The tendency to tuberculosis in convalescence calls for care during this period; clean bowels and nuclein plenty.

approach hyoscine in its properties, but jaborine is as yet known only as "resembling atropine." The tremendous power and wide applicability of the known remedies of this group, indicate the importance of closer study of its other members.

Two metallic remedies, gold and platinum, are known to us only as in a general way resembling mercury as to their effects. The researches of Brower confirm the writer in the conclusions drawn from his own experience, that gold is not simply interchangeable with mercury. Platinum has scarcely been considered as a medicine. The powers of mercury are so tremendous, and the effects obtainable from its salts so different, that the differential study of these two allied agents seems well worth while.

Four remedies are ranked together from the similarity of their effects—pilocarpine, picrotoxin, physostigmine, and muscarine. The first most powerfully stimulates sweating and salivation; the third exerts the most action upon intestinal peristalsis of any of this group. An involuntary experiment made by the writer on muscarine showed it to possess qualities, as a non-nauseant emetic and a cathartic of unexampled thoroughness, without a particle of pain or distress, not possessed by any of its congeners. Picrotoxin is a remedy in a wide range of nervous affections, whose remarkable powers have been most unaccountably neglected.

The above instances, selected at random, from the mass, may show what important and attractive fields for investigation lie before the experimental

therapist, and what golden possibilities await the enterprising clinician. The man who is satisfied to fire into his patient the whole drugstore contained in opium, because it often relieves pain, can hardly be induced to inquire into the niceties of medical practice, that result from the accurate application of remedies to accurately comprehended conditions. But to one who enters upon this most enticing field of investigation, there is not the slightest danger of finding active principle medication monotonous. It is no cut-and-dried system; no nickel-in-the-slot method of specific remedies for specific diseases. In fact it is sundered as far from the latter as the day is from night. It is the patient, always the patient, this patient as an individual and not as one of a group, whom we are called upon to treat; and it is his needs, just now, that demand our attention. When we shall have succeeded in arousing in our brethren the spirit of their pioneer ancestors, this work will begin to move ahead with the giant strides that carried our fathers across the continent. Has this spirit become extinct or is it only sleeping?

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#### IMPORTANT NOTICE REGARDING HOW TO LIVE.

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We take occasion, in this prominent place, that it may reach the eye of every subscriber, to say that the assets of The George F. Butler Publishing Co., publishers of *How to Live*, were totally destroyed by fire in the conflagration that consumed the mechanical plant of The Clinic Publishing Co., on November 9, and it has been decided

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Measles: Sparteine has received warm commendation as a heart tonic and diuretic here; give gr. 1-6 every two to four hours to child.

Measles: The room must be kept warm, steamed, dark, well-ventilated; the diet mild fluid, mouth often-washed out.

by the directors of the Company not to resume.

Some few CLINIC readers were subscribers to this publication but their names, as well as the names of the entire subscription list, were lost in the fire. Any reader of this paragraph who is a subscriber and will send his receipt for his money, may have back that portion of it not already earned, or may have his subscription to THE ALKALOIDAL CLINIC advanced a corresponding number of months.

We are sorry to be compelled to drop the little publication from which we hoped so much, and we sincerely trust that the work laid out for it will be better performed by other general publications.

Address *How To Live*, Ravenswood Station, Chicago.

#### SHALL WE GIVE DRUGS IN SOLUTION?

In the *Medical Brief*, Dr. Leister contributes a short but useful paper on the advantages of dispensing medicines in solution. He adverts to the slowness of solution and absorption, and the consequent loss of precious time when pills and other solid drugs are swallowed. But he does not go nearly as far as he should. Once in a while the physician is brought to a realization of the importance of this matter by the accidental discovery of his pills or tablets in the stools; they having run the gauntlet of the alimentary canal and been ejected so little the worse for wear that they might fulfill the Irishman's conception of the doctor's direction, to "take a pill three times a day." How many

times does this occur without the doctor suspecting it?

Years and years ago, the writer of this note published a brief paragraph in an Eastern journal, calling attention to the interesting fact that when a water-soluble drug was given dissolved in hot water, absorption from the stomach was almost as rapid as when the drug was administered hypodermically. The practical value of this statement was evidently recognized by that smartest race of men on earth, the medical editors, for the item was republished, we firmly believe, in every medical and pharmacal journal in the United States and provinces, as well as in English, French, German, and Russian medical periodicals.

More than this, we have insisted time and again on the necessity of administering bile or its active principle with the resinous cholagogues, which without it are practically devoid of activity.

There are very few granules of the active-principle list that cannot be readily administered in solution, and this should always be done by preference. Even calcium sulphide may be disguised, as Dr. Phelps remarks, by the addition of sugar and menthol to the solution. Moreover, in the use of the entire class of bitter tonics, it must be remembered that nearly, if not all, of the beneficial effects upon the stomach are due to the impression made upon the gustatory nerves. Hence, unless these remedies are given in solution, no benefit whatever is to be expected from them as far as the digestion is concerned. We are glad Dr. Leister called attention to this important matter.

**Measles:** Under certain conditions, this becomes as malignant as the worst forms of scarlatina—bad hygiene and crowding.

**Melancholia:** Cerebral anemia is benefited by chlorides of gold and platinum; by atropine and sometimes by glonoin.



# GLEANINGS FROM FOREIGN FIELDS

Translated by E. M. Epstein, M. D.

## WHAT ALKALOIDS ARE.

It is cheering to see how surely, though very slowly, the truth of alkaloidal medication is conquering the therapeutic conservatism, often terminating in nihilism, on the continent of Europe.

Germany is to a great extent the thinking brain of the scientific world, though not always the acting.

I preface these words to the article following, which I trust will interest the CLINIC readers. It comes from a noted German therapist, and is a contribution to the latest German "Encyclopedia of Practical Medicine," edited by Drs. Schnirer and Vierordt, of Vienna and Tuebingen, the first published number of which has very lately come to my desk. The article is entitled

### ALKALOIDS.

Although the concept of the word "alkaloid" is not a strictly limited one, still we understand by it the organic bases which are contained in plants, and from which they are isolated. The organic bases that are formed in putrefied animal substances are called ptomaines (putrefactive alkaloids), which are mostly of less complicated structure. All alkaloids contain nitrogen, and form salts with acids, *which are preferred for medicinal use.*

The non-volatile alkaloids contain oxygen, and the few volatile ones contain no oxygen. The exact chemical structure is known as yet of only a few al-

kaloids, especially those of the muscarine, atropine, cocaine, coniine, nicotine and pilocarpine groups, while the most of them can as yet not be produced artificially by synthesis.

The volatile alkaloids can be isolated from the plant tissues by distillation, the non-volatile only by extraction. In either case the plant tissues are treated first with a strong inorganic base, in order to get the alkaloid next in a free isolated state. The free bases are usually difficultly soluble in water, more easily so in certain solvents, as, for instance, in ether, chloroform, alcohol, etc., with which the alkaloids are shaken up. The alkaloids can be precipitated from a watery solution of their salts by certain reagents, known as alkaloid reagents, and besides this the alkaloids can also be easily recognized by certain color reactions which they give with certain reagents. Certain alkaloids can be detected by their characteristic action on small animals, on the living eye, etc.

Alkaloids are found in numerous domestic and foreign plants, and certain plants; as the solanæ and strychnæ are especially rich in alkaloids. To these most important medicaments belong, among others, atropine, cocaine, codeine, caffeine, morphine, physostigmine, pilocarpine, quinine, strychnine, theobromine, and others, and the more toxic alkaloids too, i. e., aconitine, colchicine, coniine, muscarine, nicotine, solanine, veratrine,

and others, are of great importance. —Harnack, of Halle as in the above-mentioned *Encyclopaedia*.

#### OPEN TREATMENT OF CATARACT OPERATION.

Borthen (*Nord. Ophth. Gesellsch.*, Kopenhagen, 2 vers.) treats operations for cataract ambulatorily and without bandaging. The unbandaged eye is less hyperemic and there is less secretion. Even in prolapsus of the vitreous he leaves the eye unbandaged! He demands, however, of the patient to keep his eye closed. Recommendable especially is this treatment in lachrymal-sac affections. The only prophylaxis consists in antiseptics, for which he recommends protargol. An incarceration of the iris is not to be apprehended under this treatment as it was formerly.—*Wien. Med. Wochenschr.*, No. 27, 1905, p. 1403.

#### SKIPPING MYDRIASIS.

Frenkel writes in the *Archives d'Ophth.*, XXIV, of this affection, which consists of an alternating dilation and contraction of the pupils now in one and then in the other eye. He denominates this affection as *Mydriase à bascule*, which I would translate "seesaw mydriasis." He distinguishes two forms of the disease; (1) Spontaneous, and (2) provocative skipping mydriasis. The first one occurs in diseases of nerve centers (paralysis, tabes, etc.), also in irritations of the sympathetic (tumors); it occurs also in diseases where the sympathetic is irritated reflexively (neuroses, hysteria). Under provocative skipping mydriasis he counts those cases where the reflex irrita-

bility of the two eyes to light and accommodation is unequal, or where the inequality of pupillary contraction occurs at the contraction of the orbicular muscle. "Spontaneous mydriasis" depends, therefore, always on an irritation of the cervical sympathetic, and occurs often in company with other symptoms which have likewise their basis there (as in the widened chink of the eyelids). It is always the sign of a commencing serious trouble. Provocative skipping mydriasis must be considered always in connection with the basic affection upon which it depends.—*Wien. Med. Wochenschr.*, No. 27, 1905, p. 1403.

#### RENAL EXTRACT IN THE TREATMENT OF NEPHRITIS.

Renaut state in *Journ. med. Bordeaux*, No. 46, 1904, that this treatment increases diuresis, and often effects the disappearance of existing edemas. The diminution of albumin is inconstant. There is also a slightly-increased elimination of chlorides and urea and this reduces retention symptoms. Except a slight pruritus there are no unpleasant side symptoms.—*Wien. Med. Wochenschr.*, No. 24, 1905, p. 1237.

#### SECRETION OF INTESTINAL MUCUS.

At this year's Congress for Internal Medicine, held at Wiesbaden, Schutz spoke about the secretion of the intestinal mucus. Numerous examinations of feces led him to the conclusion that the secretion of mucus is fluctuating. Even in periodic, paroxysmal tumefac-

Melancholia: Caffeine for despondency, apprehension, loss of confidence; also cocaine, but it is perilous remedy.

Melancholia: Bryonin with iodic remedies are often needed to promote absorption in cases of "wet brain."

tion there is always an increased amount of mucus in the interspaces. The formation of mucus and colonic pains are independent of each other, so that at times they alternate with each other. Irregularity of mucus secretion occurs in catarrhal sickness also. From the matter of the mucus secretion no conclusion can be drawn whether it is catarrhal or neurogenous. The latter one is, any way, very rarely alone, but mostly a combination of both forms.

Microscopic appearance.—The amount of epithelia of the individual mucous flakes varies very much, and runs parallel with the amount of mucus in the evacuation. The difference proposed by A. Schmidt, that inflammatory mucus abounds in cell, while neurogenous mucus is poor in cells is incorrect.

W. Schlesinger of Vienna said, that he found many round cells in colitis mucosa which are inflammation products, while in neurogenous mucous secretions there are only intestinal epithelia, as in normal intestinal secretion.

Beckel of Berlin stated that in the experiment of a Pawlow gastric fistula in animals he found no formation of mucus from nervous cause, and its occurrence is doubtful.—*Wien. Med. Wochenschr.*, No. 25, 1905, p. 1278.

#### TABLE SALT A CAUSE OF NEPHRITIS.

Silvestri says in *Boll. della Soc. med. Modena, Sem. med.*, 1905, p. 6, that in individuals who are not predisposed, a nephritis may be caused by an excessive use of sodium chloride. Two cases of that kind in children are re-

lated. The changes in the kidney are produced by irritation of the renal epithelia, caused by an excess of table salt. Added to this is also the disturbance in the gastrointestinal mucosa and in the metabolic processes. A man who was an arteriosclerotic and a nephritic, but with a very slight albuminuria, who took a drinking cure of mineral water containing much sodium chloride, died from this cause.—*Wien. Med. Wochenschr.*, No. 25, 1905, p. 1292.

#### MENINGITIS IN CHILDREN.

Dr. J. P. Cardamatis, of Athens, writes in the *Archives de med. des Enf.* No. 6, 1905, contending against some French physicians, who think that there is besides meningitis, also a meningism with lighter clinical symptoms and without an anatomical substratum. Dr. Cardamatis maintains that the inflammation of the cerebral meninges must not necessarily run a severe course, but most of the cases are rather of a lighter form. Tubercular meningitis is remarkably frequent in Athens in the first year of child life, and so also is simple meningitis. In the course of severe gastrointestinal infection, especially in summer time, meningitis is not rare.—*Wien. Med. Wochenschr.* No. 24, p. 1234, 1905.

#### INFLUENCE OF ARTIFICIAL ANILINE COLORS ON THE EYE.

Vogt relates the results of his clinical observations and experiments on this subject in *Zeitschr. f. Augenh.*, as follows: Artificial aniline colors act on

Melancholia: For the relaxed states following excesses, give hydrastine and berberine, with strychnine or brucine.

Melancholia: Uterine and puerperal-pregnant cases often respond favorably to macrotin, a grain four times a day.

the conjunctiva variously, according to their chemical behavior. The sour, neutral and caustic coloring matters, and those, too, that are insoluble in water, have little irritating effects. All basic coloring matter produces inflammatory phenomena which may increase to panophthalmitis. The coloring matter rises in its harmfulness in proportion to its basicity. But it depends also on other items. Solubility is an important condition. On the other hand the mineral acid of the coloring salt is of no importance. Washing with a five to ten per cent solution of tannin, removes the toxicity of the most harmful aniline colors. But cases that were treated with water, or solutions of salt, boric acids, etc., took a severer course than those that were left to themselves.—*Wien. Med. Wochenschr.*, No. 27, 1905, pp. 1403-4.

#### MASTITIS.

Dr. Klapp uses a large bell glass with an aperture to which a flexible tube is attached through which the air can be evacuated in cases of incipient congestive mastitis, covering the whole of the gland. In cases of small abscesses minute incisions are made, and the air then exhausted. At the same time the milk must be pumped out. [Would not the procedure be very painful, especially in the first case mentioned.—GLENER.] *Wien. Med. Wochenschr.*, No. 29, 1905, p. 1406.

#### ANTIPLATULENT PILLS.

The following are recommended in *Therapeut. Monatsh.* Sodium bicarbon-

Melancholia: Cannabis is better than any opiate derivative for the insomnia of a direct hypnotic must be given—rare!

ate, magnesium carbonate, and powdered rhubarb root, each four parts; of oil of fennel, oil of caraway and oil of peppermint each three parts. To be taken in two to three pills three times daily after meals, in nervousness, and in obstipation and flatulence of old persons. [No quantities are given and we would have to regulate it *pro re nata*.—GLENER.]—*Wien. Med. Wochenschr.*, No. 27, 1905, p. 1406.

—:o:—

This combination, variously modified to suit individual conditions is a great favorite among German physicians. The usual combination is of sodium and magnesium carbonate, usually with a little rhubarb, rubbed up with oleosacch. menth. pip. (peppermint sugar). It is a good antacid.—Ed.

#### ANTITUSSIN SALVE FOR WHOOPING-COUGH.

Dr. R. Rahner recommends the above in the *Muench. Med. Wochenschr.* It consists of the following: Vaseline, 10 parts; pure lanoline, 85 parts; and difluordiphenol, 5 parts. Of this the size of a hazelnut is rubbed into the neck, the breast, and between the scapulæ. The coughing spells begin to diminish in frequency on the fifth day, and at the end of two weeks there remains only a loose cough.—*Wien. Med. Wochenschr.*, No. 27, 1905, p. 1406.

BLEPHARITIS.—Dr. Daxenberg uses a 10-per cent of aristol dissolved in oil, in blepharitis, and in scrofulous ophthalmia he instils also the solution.—*Wien. Med. Wochenschr.*, No. 27, 1905, p. 1206.

Melancholia: The aged do well on strychnine arsenate, and may take with benefit enormous doses of this agent.

## MISCELLANEOUS ARTICLES

### CAULOPHYLLIN VS. MORPHINE IN RIGID OS.

**D**R. H. P. EVARTS, of Grand Rapids, Mich., writes in the *Chicago Medical Times* for July a short but useful article upon the treatment of rigid os in labor. He mentions lobelia, chloroform, gelsemium and chloral hydrate as the remedies most used; but he himself prefers morphine sulphate. In doses of one-fourth to a grain he says it gives satisfactory results, the effects being prompt. Nervousness abates, pains are eased, and the patient rests—perhaps even getting a short sleep. After an hour or so the pains become stronger and the os is found relaxed. The doctor says that the treatment has not failed him, but he warns against using morphine in all cases—especially when idiosyncrasy or conditions contraindicate.

Dr. Evarts intelligently comments upon the supposed indication for the use of lobelia and gelsemium, each of which, he points out, is said by some to be specific for a certain class of cases: i. e., gelsemium when tissues are thin and tense; lobelia when thick and doughy. The writer says that few cases of rigid os in his experience fit into either group.

There is truth in this criticism, and at best neither of these drugs is an exactly desirable remedy in this connection. Lobelin is an effective relaxant, it is true, but it is apt to produce vomiting and circulatory depression; gelsemium in the form of fluid preparations is likely to have either a relaxant or a decidedly reverse action according to the preponderance of

gelseminine or gelsemine, the latter being akin to strychnine in its physiological effect.

In an emergency, lobelin or gelsemine might be used, but when there is at our disposal as positively efficacious a remedy as caulophyllin, the emergency should never materialize. If Dr. Evarts is not familiar with the action of caulophyllin (from *Caulophyllum thalictroides*) in cases of this character, he has an agreeable surprise in store and will undoubtedly, after using this drug, recognize its infinite superiority to any opium salt.

Caulophyllin is a concentration containing leontin and fully represents medicinally caulophyllum (squaw root, blue cohosh). To the eclectic school we owe its introduction into the modern materia medica though the Algonquin—and probably most of the Indian tribes—knew the value of cohosh and used it freely.

Caulophyllin is markedly antispasmodic, parturifacient, and emmenagogue in action; and is also to some extent diuretic, expectorant, and diaphoretic. It may best be described, however, as a tonic parturient, for if given in small daily doses for the last few weeks of parturition it causes an easy and often practically painless labor. It acts, if given during labor in 1-3 to 1-2 grain doses in hot water every fifteen minutes, with marked celerity, causing coordination of the uterine contractions, and at the same time it adds greatly to their force. The



nagging, useless efforts cease; the pains become regular and effective, and the woman herself feels that each contraction means progress of the head.

The writer has given caulophyllin when the os felt like a thin rubber band, tense and stubbornly resistant, against which the on-coming head impinged in vain. Four doses (gr. 1-3) caused an entire cessation of this symptom, the finger noting after the third dose, a gradual yielding of tissue and enlargement of the ring. When the fourth dose was taken, the two prior pains had been long and forcible—and the woman, who had been before weary, nervous, and fearful, expressed herself as feeling as though things were moving along at last. The next pain obliterated the ring and four more pains (at three-minute intervals) brought the head to the perineum.

In another case (an elderly primipara) labor had lasted thirteen hours, and doctor, nurse, and patient were used up and about ready to use the forceps when the writer arrived. A couple full doses of caulophyllin with a grain of quinine were given, and the pains became effective, the head making marked progress. A few whiffs of chloroform (given as each pain started) and two more doses of caulophyllin ended that labor in one hour and thirty-eight minutes.

In fact, there is no necessity for classifying the cases which call for this drug. Rigidity of tissues, hour-glass contraction, unequal or inefficient pains mean caulophyllin, and the accoucheur who pushes this remedy will speedily find himself "protecting the perineum."

If gr. 1-12 to 1-6 be given twice daily, for the last few weeks to cases which have had previous lagging labors, this

feature will be eliminated and parturition will be normal. Especially is this the case when the woman is thin and of the excessively nervous type. It is possible that in these cases delivery may be some days late, for this drug so tones and invigorates the uterine muscles that gestation occurs at the last possible moment. This, however, is of small consequence, the easy delivery and speedy recovery being of infinitely greater interest.

Caulophyllin and castor-oil may well be considered the obstetricians' best friends, the two being well exhibited together during the later weeks of gestation, when it is desirable to insure a normal labor and the former without possible exception representing the most sure, safe, and speedy relaxant of abnormal contractions and stimulator of normal expulsive pains we have at our command.

With aletrin or macrotin, caulophyllin is moreover one of the most useful uterine tonics and sedatives. It controls inflammatory conditions of the female reproductive organs, relieves ovarian and mammary pain and is markedly beneficial in dysmenorrhea, metritis, ovaritis, etc. In uterine colic and cramps it might be with propriety termed specific, and there are few cases of amenorrhea which will not be benefited by its use.

GEORGE H. CANDLER.

Chicago, Ill.

### A MICROSCOPIC BATTLE.

Major Ross gives the following account of a three hours' seance at his microscope, watching a malarial flagellum: "At first it wriggled about for 20 minutes so that I could hardly

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Mastitis: Very strong cases apt to have high fevers may take tartar emetic gr. 1-67, every half to one hour till relieved.

Mastitis: Support the inflamed breast by strapping or a sling bandage neatly adjusted so it will stay put.

follow it. Then it brought up against a phagocyte and remained there so long that I thought the phagocyte had seized it. Not so; it was neither killed nor sucked in, but was actively engaged in attacking the phagocyte. The flagellum kept at this for a quarter of an hour, and then wriggled away in the direction of another phagocyte. Into this second phagocyte it pushed in several places with one of its ends, and the phagocyte seemed to rear up and try in vain to get around and envelop the flagellum. At last the phagocyte seemed to give up the struggle and flattened itself against an air bubble, the flagellum still attacking it. After fifty minutes and when the flagellum seemed to be getting exhausted, a very curious thing happened. A third phagocyte approached, coming rapidly across the field, but it had no sooner got near than the flagellum left its fallen foe and attacked the new one, holding on to it like a snake on a dog. In one minute the third phagocyte turned sharply around and quickly made off; it went across a whole field, the flagellum holding on to it. This continued for five minutes, after which the flagellum left the phagocyte. By this time the flagellum had become more visible, its movements became gradually slower, until, at the end of three hours, it finally curled up and ceased to move."—*N. O. M. & S. Jour.*

#### APOCYNUM IN DROPSY.

It is quite a while since I contributed anything to the CLINIC, although I get something from it each month. This time I merely wish to speak of the ef-

fect of *Apocynum cannabinum* in a case of anasarca due to cardiac disease.

The patient was a man over seventy years of age and had been sick a long time when he came under my charge. As near as anyone could differentiate the turmoil of sound in the chest when a stethoscope was used, he had lesions of every valve of the heart, with chronic bronchitis and emphysema of the lungs. He was dropsical from toes to hips and from fingers to elbows.

There was little effusion elsewhere. He was passing daily from two to four ounces of urine that looked like dirty maple syrup and smelled—well you have probably seen such cases.

I will not go into the details of my treatment of the case, for the man died as I expected he would; but he obtained great relief in the last weeks of his life from apocynum, given in five minim doses every few hours. In forty-eight hours the urine was increased to 1500 Cc. daily, and was about normal in appearance. The dropsy subsided greatly and the patient was much relieved. Dr. Hobart A. Hare well calls this remedy the "vegetable trocar."

GEO. B. LAKE.

Wolcottville, Ind.

#### IRRITABLE BLADDER.

Many thanks for your valuable articles in the CLINIC concerning this trouble. A child of five years that has been wetting the bed and everything in sight day and night for three years, and had been under the care of several doctors of renown and an out patient to our hospital, yielded at once to your advice to "clean out and clean up," cut-

Mastitis: Clothes wrung out of very hot water, applied and changed every minute, relieved a bad case without medicine.

Mastitis: The absorption of toxins from the bowel will turn the scale in favor of supuration that might have aborted.

ting the diet down and bidding an overfond grandmother to stop her too generous feeding between meals, giving calomel, gr. 1-6, for five doses and three hours later a small dose of epsom salt, together with the triple sulphocarbolates, five grains every three hours. Instead of the mother having two washes per day of the child's clothing she now has two washes per week.

F. O. BRYANT.

Chester, Pa.

—:O:—

The treatment, we suggested is, as we have proven many, many times, the most effective one at our disposal and rarely indeed will a failure follow this method if properly carried out. Thank you for your report.—Ed.

#### LEARNING FAST.

I am with you for the sake of suffering humanity and the higher attainment of the healing arts and science. Yet we who have been long in the practice of the ancient galenical system of medication have a pretty tough time of breaking away from it all at once; but we are breaking away gradually, as you have no doubt perceive. Although some of us are becoming too old "to learn new tricks" yet we are learning the power of single concentrated remedies. And it brings us down to the fact of the therapeutic power of each single medicinal principle as isolated from the compound and from each other without the mongrel effect which is frequently obtained when the crude or mixed properties of the various tinctures or fluid extracts of commerce are used.

The finest discriminating physician could not always tell when he had a physiological effect, and therefore could not always tell when to stop the use of a drug or change to another one. But, thank goodness, it is not that way under the new or advanced process of treatment, viz., the alkaloidal. In the use of the active principles we have the single property unless otherwise called for. And if the physician knows enough to know that a combination of properties are called for in a given case he certainly would know enough to combine them in proper proportions to obtain their combined effect and would know he got it. Then when we use the single principle there isn't any incompatibility but harmony. Hence in the use of the single remedy we use the principle that is intended to do good under such circumstances and not the one that would retard the patient, or the effect of the first medicament. Hence we see the necessity of the single principle in its concentrated form, of a knowledge of the active principle and its potential power. With this knowledge and the ability to diagnose properly, accurately, the physician is certainly ready to oppose the invading forces of disease.

J. M. DOWDEN.

Yeddo, Ind.

#### ANEMONIN.

Chevalier has investigated the active principles of the anemones (*Rev. de Ther.*). Carnivorous animals are very susceptible to the effect of anemone, vomiting following its ingestion speedily. Possibly meat-eaters may prove similarly

Mastodynia: Cicutine hydrobromide to effect has specific control over pains in the breasts or in the ovaries.

Mastodynia: Macrotin has been specially advised for the breast pains of that lop-sided, half-creature, the old maid.

amenable to its products. Anemonin is slowly absorbed and not very toxic. The symptoms are similar to those of the plant or the fresh juice, but supervene more slowly. They are, preliminary excitement followed by dyspnea, motor and sensory paralysis, convulsions, and death. Ballon found anemonin a valuable analgesic, acting especially on the sympathetic nerve; almost specific in oophoritis, orchitis, dysmenorrhea, all genital inflammations in either sex; also in whooping-cough, asthma, and hay-fever. The dose is from 5-6 to 3 grains. A one per cent alcoholic solution applied to the skin vesicates.—*Ther. Gaz.*

### THE INJECTION TREATMENT OF HERNIA.

In reply to Dr. A. A. Fleming's inquiry in the October CLINIC, I will say that the doctor certainly does not understand the technique of the injection treatment of hernia. He says: "The needle must be thrust through all the muscular coats of the abdomen, probably stopping between the peritoneum and abdominal wall." This point might be located by an expert operator but most certainly not by a beginner.

I take it for granted that the doctor refers to inguinal hernia and that of the indirect variety. The fluid should always be deposited at some point in the inguinal canal. Here it is most effective and causes the least amount of pain, while if deposited in the surrounding tissues or the spermatic cord it will do little or no good and cause an amount of pain varying according to the structures involved. There is no danger of wounding the superficial

epigastric artery. Different operators employ different methods of introducing the needle and the same operators find it necessary or convenient to do so under varying circumstances.

Usually the inguinal canal in the male is easily located, but sometimes with much difficulty. Briefly, in most cases I introduce the needle as follows: Invaginate the scrotum upon the forefinger of the right hand, push the finger up to the external ring. Grasp the skin directly over the canal with the thumb and fingers of the left hand, withdraw the right forefinger, seize the syringe and thrust the needle through the tense skin a little above the external ring. Introduce the finger again and again locate the inguinal canal. Be sure the point of the needle is over the canal. Withdraw the finger and push the needle down through the superficial layers, and the border of the external oblique muscle, into the inguinal canal. Lower the distal end of the syringe and push needle along the canal to near the internal ring and slowly deposit the fluid. Withdraw the needle and the operation is complete.

G. A. McDONALD.

Golden Gate, Ill.

—:O:—

In a recent CLINIC we described the technique of this operation fully. The method suggested is perhaps even more simple than Dr. McDonalds which is, however, excellent.—ED.

### JUST WHAT ONE MAN HAS DONE!

I began using active-principle medication when I left college four years

Measles: Begin by emptying the bowel with a few 1-6 grain doses of calomel, followed in due time by saline laxative.

Mastodynia: Be sure your case is not mammary cancer, mediastinal tumor, aneurism, or syphilis; or just plain acidity.

ago and seldom find myself disappointed.

I had always been taught by textbooks and preceptors that many of the acute contagious diseases were "self limited" and all we could do was to watch the patient and "steer clear of the breakers." But why the necessity of risking the patient in the "breakers?" Why should the typhoid fever patient drift on into the "dolldrums" of stupor so frequently met with? Check the disease before the breakers are reached. "Clean out and keep clean" should be the motto of every conscientious doctor. Keep down the fever by cold sponging or any other "good" method. Treat the patient and stop the trouble.

And whooping-cough! Why let the little fellow suffer for eight weeks with this distressing disease? I haven't enough notes from which to draw definite conclusions, but will give you what I have.

My own children, aged five, three and one years respectively had been exposed to whooping cough. Some four weeks ago they began to show symptoms of the catarrhal stage. I at once began giving the whooping-cough granule, one every three hours until saturation; then one four or five times per day. Imagine my surprise to find the cough growing less and less frequent, and the paroxysms absent, except in the youngest who is now almost well. The other two have not coughed as many as three times in twenty-four hours for the last ten days.

S. S. WIDENER.

Hart, Ind. Ter.

You express our views exactly in your communication and we sincerely trust that ere long every man may realize the importance of making a clean diagnosis and of giving the right remedy for the conditions present, in small doses at frequent intervals "to effect." Just as soon as this is done by the mass of the profession Medicine will be an exact science. We thank you for your report and congratulate you! Your experience in whooping cough is like that of others who use calcium sulphide.—Ed.

#### MASSAGE IN FORCED FEEDING.

In his book entitled "Fat and Blood," Dr. Weir Mitchell clearly demonstrated the value and real necessity of general massage in certain abnormal conditions of disturbed metabolism. In the same work he also described his plan of carrying out the so-called over-feeding or forced feeding in poorly nourished persons, and especially of those who suffer from certain nervous disorders, usually complicated with insufficient or faulty nutrition of the body.

By faulty nutrition is meant a disturbance of the proper equilibrium as evidenced in many cases of anemia, in neurasthenia, etc. The afflicted appear to be well nourished, often over nourished, but a closer examination reveals a decided decrease of the muscles, which also lack their normal tonus. The fat alone is of normal or augmented quantity, which is clearly understood after examination of the food, thanks to our present knowledge of its abnormal composition in different forms of anemia.

The general way of carrying out the

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Measles: Follow the initial cleansing by enough sulphocarbolates to destroy all the "sick" odor pertaining to the stools.

Measles: Give aconitine enough to subdue the fever, regulate the pulse, and check tendency to catarrhal pneumonia.



forced feeding has been to put the patient to bed and begin with an overabundant milk diet and massage of the whole body once or even twice a day, every seance lasting about one hour. I have treated a very large number of patients in that manner and I need not state, that the results, with very few exceptions, have proven the truth of Dr. Mitchell's assertions.

Every modern physician necessarily knows something about the value of this combined rest and feeding cure. Nevertheless, I will here state that only a few physicians have a sufficient practical experience and knowledge of the method in question, and therefore its real value and enormous practical usefulness has been insufficiently understood.

I have read and heard so much criticism regarding the rest and feeding cure, showing complete ignorance of the same, that I believe the time has come to renew the physician's acquaintance therewith. The best way to a clear understanding is, I believe, to demonstrate the faults and mistakes generally committed in the carrying out of the treatment.

In the first place, the physician himself must have a thorough knowledge of the method and what he intends to accomplish thereby and also a good judgment of the particular kind of diseases or ailments, which should be treated according to the rest and feeding cure.

We know the danger to which every physician is exposed in being a "faddist," with or without his own free will or knowledge. One has found electricity, another massage, a third water, etc., a useful agent and there we have

the "faddist." Incessant study and undivided researches in every field of direct or indirect medical science will, more than anything else, facilitate the power of clear judgment.

By indirect medical sciences, I here understand all the allied natural sciences, which are necessary for an educated physician. Also, supposing that these requisites are complied with, viz., the physician knows the method and can select his cases; he needs something more, viz., a thorough knowledge, theoretical and practical, of massage as a necessary adjuvant.

Most physicians leave this part of the treatment to some professional masseur or masseuse, that is, someone who claims to be an expert. There certainly is a scarcity of the proper kind. The only way to discover whether they are proficient or not is to have them work under one's own eyes and judge for one's self. But then you, the physician, must have a satisfactory knowledge of the same, and, if necessary, be able to instruct and correct. How many are?

I have given massage to patients myself and I have employed "experts." The results have been, as a rule, very different. The expert may know how to do the work, but is he or she willing to work as hard as necessary in the greatest number of such cases, where massage is indeed no "sinecure?" It is absolutely necessary for a physician to have a complete knowledge of massage.

I repeat again and again, it is my "*praeterea censeo*." Massage is not a therapeutic agent "below the physician's dignity" to use. It is a natural

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Measles: A sweating dose of pilocarpine with a hot bath will usually bring out a delayed or retrocedent eruption.

Measles: Asclepidin fills the place of pilocarpine with weakly, delicate children; a milder agent of similar properties.

way of aiding the physiological processes by mechanical means. No substance foreign to the human system is introduced therein.

The present deplorable condition will cease only by education. When a physician must work hard six or more years for his degree of M. D., and is a well educated man before he begins his study of medicine, then he will find time to pay some attention also to the now "looked-down-upon" massage. With the second requisite, viz., proper knowledge of massage, the physician is ready to consider the question of food and rest, with or without isolation, etc., but not until then.

As the food question is somewhat beyond the limits of this short article, I will merely suggest, that every physician should study the individual cases very thoroughly, if necessary make an examination of the stomach contents, test the motility, etc. There are cases in which an exclusive milk diet is impossible to carry out, even if they are very few, but I have found that it makes the patients less rebellious, if one endeavors to introduce some variations in the "bill of fare."

Food that has no deleterious influence on the digestion can very well be added to the milk, which is given in as large quantities as advisable, both with the regular meals and before rising in the morning, also between the meals and just before retiring in the evening. Better results are often obtained in this way.

Without going into details of any kind, I have here only raised my voice for a better instruction in massage in the medical schools, which has been

very step-motherly treated or altogether neglected.

CARL SANDERSON.

Kansas City, Mo.

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### SCOPOLAMINE-MORPHINE ANESTHESIA.

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A general anesthetic which can be given by the hypodermic needle instead of by inhalation has much to recommend it. Such a one has apparently been found in the combination of scopolamine and morphine. Scopolamine is an alkaloid extracted from the roots of *Scopolia japonica*; it is closely related to hyoscyne. Small doses increase the blood pressure and large doses decrease it. It causes vasodilation and increase of secretions. The pulse is not changed by small doses but after large ones becomes less frequent and elevations higher. Respiration is not damaged. The narcotic effect is very profound, producing irresistible sleep. The fatal dose is unknown.

An editorial in the *Lancet Clinic* gives an excellent resume of the drug and describes its anesthetic action. It was first used by Schneiderlin in May, 1890. Recently articles upon the subject appeared in the August *Annals of Surgery*. The dose used varies from one-tenth milligram (gr. 1-666) of scopolamine with twenty-five milligrams (2-5 grain) of morphine, given in three injections, to one milligram (1-67 grain) of scopolamine with one centigram of morphine (gr. 1-7), given at one injection. In either case the last injection is given an hour and a

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Measles: Sodium benzoate; gr. 1-6 every half or one hour, is believed to be a useful antiseptic—or is it an intestinal anti?

Measles: Amemonin relieves the annoying catarrh of the eyes, nose, pharynx, larynx, and intestines; gr. 1-134 hourly.

half to two hours before the expected operation.

After these injections the sleep becomes more and more profound; at first the patient responds to a prick or pinch but after the last injection the anesthesia is complete. The face is slightly flushed, respiration less frequent, but prolonged and full; pulse full, bounding and somewhat accelerated; pupils dilated; complete relaxation. A peculiar feature is that the patient while anesthetic can be awakened by shaking or loud speaking, so that silence and rough handling have to be avoided during operation. The patient awakens after operation as after natural sleep, but has no memory of the operation. He is not sick at the stomach and usually asks for something to eat; after eating he goes to sleep again. There is no malaise and no pain after operation, anesthesia persisting for twenty-four hours.

This ideal course does not always follow and in most cases the anesthesia must be supplemented by chloroform; ether should not be used on account of its tendency to pulmonary congestion. Operations of every magnitude have been performed under scopolamine and it presents some great advantages, among them: suppression of apprehension of anesthesia and of the stage of excitement; absolute loss of consciousness and memory; suppression of vomiting, malaise and pain during the post-operative period, with quiet sleep—morphine is unnecessary; no albumin in the urine; harmlessness, which permits its use in tubercular, cardiac and cachectic patients; finally, persistence of anesthesia long after waking, thereby minimizing suffering

from the wound during first two days.

The disadvantages are: its uncertainty, but in such cases it may be supplemented by chloroform; vasodilation gives a tendency to hemorrhage; rigidity of the abdominal muscles. Where it does not succeed alone the amount of chloroform required is very small. It is also objected that it masks danger signs during the post-operative stage, such for instance as concealed hemorrhage. There can be no doubt that there are serious objections to its general use which will be brought out as experience with the method is increased. At least two deaths have been reported following and probably dependent upon its use. Nearly 600 anesthetics with scopolamine-morphine have been reported.—Ed.]

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#### CAN YOU BEAT IT?

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I was called lately to see Mrs. G., who was suffering with indigestion, since the birth of her last child, which is four and one-half months old. In her statement she claims to have enjoyed perfect health for several years. For some time she suffered all kinds of tortures including several surgical operations. First she had her appendix removed, both ovaries removed, womb scraped. Mind, this was done four years ago, for which her husband paid three hundred and fifty dollars, spot cash. And today she is the happy mother of a baby, four and one-half months old. How is that? Her husband told me that the doctor who cured his wife was the leading physician of the state of Tennessee. Of course he must be.

I am using the granules with fine

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Measles: Emetine is specific for cough catarrh, any and all respiratory symptoms, complications or sequels.

Measles: Quinine should be commenced early to prevent the development of the debility that shows in the late stages.

success. I like the alkaloidal treatment of pneumonia. I use in all cases antiphlogistine or libradol. If seen early I have no trouble. I am a believer in active-principle therapeutics, small and oft-repeated doses of the best medicines obtainable. With careful diagnosis success is certain.

A. T. KEENER.

Nent, Tex.

—:o:—

This of course, is a great surgical triumph. It must be! Otherwise how can an unsexed woman have a baby?

—ED.

#### IODINE: IODIZED LIME—CALX IODATA.

Professor Senn recently stated that for disinfecting the finger tips, solutions of iodine were destined soon to replace every other disinfectant; and Nicholas Senn is one of the very few men whose every utterance is pregnant with suggestion. Surgery is recognizing the preeminent effectiveness of iodine as a local, external antiseptic. Do we yet appreciate its value as an internal and intestinal antiseptic?

A wise old teacher of medicine once remarked, that the poisons of syphilis, malaria, mercury, lead, arsenic, etc., came to permeate the human system, without the knowledge of the patient or physician, so frequently that in cases of obscure diseases resisting ordinary treatment it was always good practice to give the patient a purifying course of iodine.

Prof. Bartholow, when at the height of his popularity, recommended as an intestinal antiseptic the administration of carbolic acid and iodine; and this

prescription has survived its distinguished author, and is still retained in the practice of thousands of physicians. Why? Because it does the work, and they know it.

Carbolic acid is objectionable because it is so irritating to the stomach that very little of it can be given; frequently not nearly enough to accomplish the desired result. Besides, freely used, it breaks up the red blood globules and produces hemoglobinuria. It has therefore been almost entirely supplanted by the sulphocarbolates, which are equally effective without either of its disadvantages.

In like manner iodine in its old, crude form, bids fair to be supplanted by calcium iodized as soon as we realize its tremendous powers. That's just what we mean—tremendous! Introduced as a "remedy for croup", its use was extended to other respiratory maladies, with unexpected benefit. Almost accidentally it was discovered that in cases of acute cramp in the stomach from acidity, calcium iodized gave almost instantaneous relief. Then, where we were accustomed to give potassium iodide for its constitutional effect, it was found that equally as good (in fact, better) effects could be obtained from calcium iodized; and these were manifested, not only far more promptly, but entirely without irritation, local or otherwise, and a case of iodism from its proper use is not known.

It is gradually dawning upon us that we have here a therapeutic agent of remarkable efficacy, prompt and certain in its action, and of the widest applicability. There is no difficulty whatever in administering any required

Measles: Mercury biniodide has been advised as a systematic antiseptic, and its influence may extend beyond the bowels.

Measles: Phenol has been found useful as an antiseptic in the early stages, but calcium sulphocarbolate excels it.

dose by the stomach—in fact there are few remedies that will so quickly settle irritation of the stomach. In cerebral and ocular syphilis, where the utmost haste is necessary to prevent the permanent destruction of tissue, no one who knows how to use calcium iodized would think of stopping to wait for iodide of potassium.

As a gastric and intestinal antiseptic, calcium iodized affords all the benefits of iodine without its drawbacks. Altogether, we feel that we are only beginning to realize the value of this remarkable remedy.

Recent investigations have proven that the lime salts are markedly absent in phthisical subjects. Under a course of calcium, improvement in the general condition is soon manifested. The tubercular individual always requires calcium, and tissue degeneration and breaking down is stayed by pushing lime in some form.

The fact that any considerable disturbance of the proportion of the body-salts is evidenced by the appearance of certain fixed pathological conditions was long ago recognized by Scheussler who attempted to outline a method of treatment with the twelve physiological cell salts by which all the ills of humanity were to be remedied (an idea "frazzled" in execution).

That the absence (or presence in excess) of various basic substances may be either due to disease or the cause of it is unquestionable. The lime salts are especially necessary and any deficiency produces symptoms with which we are all familiar. Hence the value of iodized (not iodide of—comparatively inert) lime in phthisis, the alterative action of iodine and the re-

constructant properties of lime being especially needed. The practitioner who has seen his phthisical patients improve under calx iodata as under nothing else, and marveled at the phenomena, will now be in a position to use the preparation more intelligently and will appreciate the necessity for giving "the small dose, oft repeated, to effect."

Calx iodata, calcium iodized, or iodized lime (as you please to call it) is marketed in three forms: one-third grain tablets for the convenience of the doctor in acute cases where it is necessary to give it rapidly and where solution is not desired.

Second, in pure powder for the making of solution, or dry filled capsules.

Third, in two-grain tablets where larger doses are required, as in chronic cases.

Note that I have said "dry filled capsules". The usual method of mass capsule filling is not suitable for this preparation. Any vehicle known to the writer, outside of grease, makes of the preparation a hard dry mass that promptly crumbles and is not then handled as easily as is the pure powder in its original form.

One word more in regard to the color of this preparation; when fresh it is a dark, rich blackish brown changing to grayish-white on exposure to light and air. This change, however, does not in any material degree effect the therapeutic strength of the preparation.

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### DISEASES OF THE SKIN AND THEIR TREATMENT.

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*Acne* is an inflammatory disease of the sebaceous glands of the face, and

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Measles: Resorcin is useful as an astringent, intestinal antiseptic and antipyretic; gr. 1-6 to a child every hour.

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Mania: Veratrine for wild, furious, fighting delirium, with bounding pulse and elimination at the lowest point—common case.



characterized by the formation of papules, tubercles or pustules.

Where there is marked inflammation of the skin, apply zinc ointment at night and wash off in the morning. Open the pustules with a narrow lancet for free egress of pus. Inflamed papules are made to mature by covering with iodide of mercury ointment. When further development of papules is no longer manifest apply an ointment of sulphur night and day until better. Cases of acne which are due to the taking of various drugs disappear when the drug is discontinued. Internally give calcium sulphide, seven grains a day, and arsenic sulphide, gr. 1-67, in granule form four times a day with saline laxative mornings, with an occasional dose of calomel, gr. 1-6, and podophyllin, gr. 1-6, of each one every half hour until six or eight are taken, followed by saline laxative. This may be given twice weekly.

*Comedo, or acne punctata*, is characterized by the appearance of black points in the center of a whitish or yellowish elevation; these invade the forehead, cheeks, and chin of young people

Frequent bathing of the face with hot water and soap followed by friction will often stimulate the diseased glands to normal activity and each day a few comedones should be expressed of their contents with a watch key or other suitable instrument. Keep up the bathing with hot water and soap with vigorous friction, with the application of sulphur ointment and an ointment of salicylic acid alternately at night, with the application by day of a solution of bichloride of mercury, 1 to 500.

Internally give arsenic sulphide, gr. 1-67, four times a day, and an occasional dose of calomel and saline laxative.

*Chilblains and frost bites*.—Rub the parts with snow or cold water to restore warmth and wrap the parts in bichloride cotton. If the parts swell, apply iodine ointment or tr. iodine. If blistered, open and cauterize their base with nitrate of silver. If ulceration occurs apply iodoform, or chrysarobin ointment, one dram chrysarobin to lanoline one ounce. If these are too irritating, use boric acid ointment.

*Eczema*.—This is the most common and annoying affection of the skin which the physician is called upon to treat and may be found on any part of the body. The success of local treatment in eczema depends upon its adaptation to the case on hand. The pain and swelling of acute cases may be relieved by cooling sedative lotions, such as lead and opium, or with the occurrence of exudation, diachylon or zinc ointment may be used and this may be the only treatment necessary in the early stages. In the chronic cases either tar, ichthyol or chrysarobin may be used and to relieve itching boric acid or carbolic acid ointments are useful. For eczema of the scalp the best application is the oil of cade and if there is thickening a salicylate ointment rubbed in night and morning will be useful. For itching, a naphthol ointment is best. I have found a fifty per cent nitrate of mercury ointment very useful in these cases, sometimes curing where all other ointments failed.

In eczema of the bearded portion

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Mania: Sex excitement—veratrine after physics, then camphor monobromide for weak, gelseminine for strong—full doses.

Mania: Puerperal, pregnant, nymphomaniac, periodic, senile; give nickel bromide, small and frequent, to fill desired effect.

of the face, it is necessary to clip the hair close and shave if necessary. If there is a crusted eruption the application of antiphlogistine or glycerin poultices will often remove them; then apply zinc ointment. A calomel purge two or three times a week for two weeks followed by salines will help the cure. If this fails try ointments of salicylic acid, sulphur or ichthyol.

In eczema of the ear, tar or naphthol is all that is necessary, although in some cases zinc or chrysarobin in ointment is better.

In eczema of the back of the hand, remove dried patches with soap and warm water and then apply diachylon ointment.

In eczema of the palm of the hand the thickened epidermis must be removed, best by soaking in glycerin for a few days and then in hot water until scales are all off. If necessary repeat the glycerin application, then heal the cracks with lead plaster, applied over the cracks in strips. After they are healed, if the palm remains red and hard, apply an oil of cade ointment. Lanoline rubbed into the hands at bedtime will often keep them soft and pliable.

In leg eczema daily inunctions with soap will soften the skin and relieve itching and the application of zinc and nitrate of mercury ointment will very often cure without further trouble. As a great many cases of eczema are due to an excess of uric acid and the eating of rich and sweet foods, it will be absolutely necessary to avoid these altogether as they will surely prevent the cure if not stopped. If there is an excess of uric acid take calcalith (calcium

and lithium carbonates with colchicine) with saline laxative mornings. And on general principles twice a week a good dose of calomel followed by saline laxative. If the kidneys are not active enough give a diuretic such as potassium acetate.

A good general prescription which I have used in all cases of eczema, with success, for the last forty years, is as follows: Potassium acetate, dr. 4; liq. potass. arsen., dr. 1; ferri et ammon. citrate, dr. 1-2; ext. cascara fld., dr. 2 (more or less); tr. nux vomica, dr. 2; syrup, oz. 6. Mix and give one-half ounce three times a day in water. Or if you like, give the potassium acetate alone and give three triple arsenate granules with nuclein three times a day after meals. The sulphide of arsenic is also very useful.

*Hyperidrosis or excessive sweating.*—This is a functional disturbance of the sweat glands shown by a marked increase in their secretion. It may be acute or chronic and involve the whole body or only certain regions. Dusting powders are sometimes useful. So are astringent lotions. For sweating of the palms or soles wash the parts with 1 to 60 carbolic solution and apply an ointment of salicylic acid, well rubbed in at night, and dust with powdered starch or boric acid. The application of diachylon ointment and this well covered with starch is a very good treatment for sweating feet. I find the following very useful; tannic acid one dram to a pint of water as hot as can be borne. In this put the feet for fifteen minutes every night, then dry without wiping and dust with the following: powdered salicylic acid dr. 1; tannic

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Mania: Excessive muscular action is best quieted by cicutine hydrobromide given to the fullest desired effect.

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Mania: Digitalin quiets paretics, epileptics, noisy chronics, producing sleep whenever vasomotor tension needs increase.

acid, dr. 1; boric acid, dr. 2; powdered starch, dr. 4. Mix. If this is carried out for two or three weeks it will cure most of your cases of sweating feet. The internal treatment consists of atropine sulphate, gr. 1-250, three or four times a day followed by triple arsenates three or four after meals.

*Herpes* is an acute inflammation of the integument consisting of one or several groups of vesicles, for the most part about the face and genitalia. The best treatment is to apply either a zinc or boric acid ointment to the vesicles. Lotions of tannic acid are also of service.

*Herpes zoster or shingles*, is an inflammatory disease characterized by groups of vesicles situated upon inflamed bases and accompanied by more or less neuralgic pain. This disease runs an acute course and tends to terminate in spontaneous recovery. Internal medicine is of no avail. Externally, keep the parts clean, dry the vesicles and cover with zinc ointment, and cover this with starch. For pain, be'ladonna ointment combined with menthol is the best application. The application of cold is also good for the pain.

*Erysipelas or St. Anthony's Fire.*—This is an infectious disease characterized by an eruption which at a given point gradually involves succeeding portions of the skin and accompanied by chills and followed by fever. There is also general lassitude for a few days preceding the eruption. I will here give you the treatment I found best in a large number of cases. First give a calomel purge; then keep the bowels open with saline laxative. For fever give aconitine or dosimetric trinity or defervecent compound, according to the

grade of fever, and in addition to this give pilocarpine enough to produce a slight sweating. Keep this up for the entire time or until your patient is better. Externally I find nothing better than the lead and opium lotion as follows: Lead acetate, dr. 2; ammon. carbonate, dr. 2; tinct opium, dr. 4; rose water, pint 1. Opium can be dispensed with if desired. Apply cloths wet with this solution night and day until better. Internally tincture of iron in stiff doses. This is my treatment and it has never failed to cure. When there is no fever, of course, the fever trinity should not be given and the pilocarpine should be dispensed with.

For those who so desire the following is an excellent application: ichthyol, dr. 3; ether, dr. 1; oil castor, dr. 1; collodion, dr. 4. This should be applied with a brush three times a day. Or an ointment of ichthyol, 50 per cent with lanoline can be applied. Preceding this you can apply pure (95 per cent) carbolic acid to the surface, followed by alcohol. This is an excellent treatment but must not be used over a large surface at a time but may better be applied in small patches at a time, or you may get symptoms of carbolic acid poisoning. Those following the above method will seldom fail to get the best results.

*Ringworm* is an affection resulting from the growth of a vegetable parasite (trichophyton) in the skin. The best application is salicylic acid ointment or chrysarobin ointment. Tr. iodine painted over the affection is a good treatment.

Mania: Veratrine secures sleep whenever the excess of vasomotor tension shows this drug to be indicated.

Mania: Ergotin shortens attacks, widens intervals in periodics, reduces excitement and prevents exhaustion.

*Tinea sycosis* or *barber's itch* is a contagious affection due to a parasite (trichophyton) and occurs in the hairy portion of the face and neck and attacks both the hair and hair follicle terminating in the formation of tubercle and pustules. The face must be closely shaven and hot linseed poultice or better, antiphlogistine applied until all the dead hair and follicular suppuration is removed, then zinc ointment. From week to week all the dead hair must be removed. If necessary an ointment of chrysarobin may be used for a week before applying the zinc ointment. This will generally cure the case.

W. F. RADUE.

Union Hill, N. Y.

#### IODINE IN TUBERCULOSIS.

M. M. Saliba, in the *Georgia Practitioner*, recommends iodine, especially in the early stages of pulmonary infiltration. Iodoform is especially recommended and is given internally in increasing doses, or it may be given by inunction with cod-liver oil or lanoline, as advocated by Flick. Walsh says that the only specific which has stood the test of time in tuberculosis is iodine; in surgical tuberculosis direct application of iodoform insures cure. The difficulty is to give it internally in an acceptable form; it is likely to disturb the stomach. He advocates the application of euophen dissolved in olive oil, adding a small amount of oil of anise or wintergreen. This is rubbed in once a day under the arms or between the thighs.

Calx iodata (calcium iodized) has been shown by repeated tests to have almost a specific influence upon the respira-

tory tract and to be free from the objectionable features in other iodine preparations. Its value in tuberculosis ought to be determined by clinical tests. It should prove of the utmost value.

#### THINK IN ALKALOIDS.

Whenever the CLINIC and the alkaloids are called in question, I am sure to introduce the phrase, "Think in alkaloids."

Many physicians have been going so long on the old road that they are in the same fix concerning the alkaloidal products that I am in regard to the metric system. Although this has come under my attention nearly every day for twenty years, I cannot think in grams and meters. I still have a problem to solve every time I encounter a measurement in this system, so it means lots of hard work for me unless the equivalent in English measures is printed near, in which case I keep my eyes off the other. Perhaps some doctors feel this way in regard to active-principle medication. However, there is much more reason why we should think in active principles than in extracts, tinctures, powders, etc. These are inexact, but active principles are exact.

Some very good doctors will persist in observing that the CLINIC has an ax to grind. I do not like to hear this remark, and while one doctor after another comes into using the active principles quite extensively, it is not pleasant to note the disappreciation that some of these show for the CLINIC which has pioneered this "Listerism" in medicine.

A physician of high attainments lately expressed the criticism to me thus: "Doc-

Mania: Anemics are benefited by arsenate of iron with nuclein to fix it in the tissues; small, oft-repeated doses.

Mania: Gelseminine is good in motor excitement with bright eye and excited brain; often with cicutine hydrobromide.

tor, this ten-minutes' medication is quite generally impracticable."

Then I told him that long ago I had discovered this and had learned how to double up in using the granules, giving, for instance, in some cases, three or four triads at a time and reserving for critical times and cases the fifteen-minute repetition of a triad. Where trained nurses are plenty and pocket-books are insistent to help the sick with heroic contributions I wonder not that frequent medication stands greatly in favor.

When these people are sick, and it devolves upon one to look after them, frequent medication is a myth. Still in these situations the alkaloids are ever to be preferred.

C. E. BOYNTON.

Millville, Cal.

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Physicians who do not understand the alkaloidal way of treating disease are likely to magnify its difficulties, sometimes it seems to us out of "pure cussedness" or from inexcusable ignorance. Anyone who will practise "thinking in alkaloids," as Dr. Boynton so pertinently suggests, will find that the difficulties are soon replaced by simplicity, and that the whole practice of medicine will be illuminated.

"This ten-minutes' medication" is the best education in the world as to the action of medicine. Even when the attendants are not all that can be desired, the small, frequently-repeated dose can usually be given intelligently, and it enables the doctor to "check up" the action of his remedies, to learn just what they will do, to get effects which he otherwise would never know about, and to stop before he has done harm. But it is only in the most

pressing emergencies that these *very* frequent doses are required; and then the doctor should be "Johnny on the spot," trusting no attendant to do what it is his duty to do himself. In milder cases the intervals may be lengthened and doses doubled, as suggested by Dr. Boynton, while in chronic cases there is rarely necessity for very frequent dosage. It's all in getting in touch with the idea—"thinking in alkaloids."—Ed.

#### SYPHILIS OF TEN YEARS' DURATION: TREATMENT AND RECOVERY.

B. Prasad, 42 years of age, Kaisthley caste, had been suffering from a low fever of intermittent type for ten years. Fifteen years before the present he had contracted syphilis, from which he apparently recovered within two months. For five years he enjoyed good health and begot a healthy son who is still surviving. He then commenced to suffer from slow fever, at intervals for six months, afterwards becoming diurnal. The fever appeared between 3 and 4 p. m., leaving him after supper, at 9 to 10 p. m. During this period his temperature ranged between 99.4 and 101° F. He lost flesh and strength to a certain extent but attended his office regularly during the entire period of ten years, spending his annual vacation of one month at Baijnath, Deoghur, during which time his health improved. Within the ten years of his suffering he had successively tried the Vaedic, Hakimi, and allopathic treatments but without benefit.

August 8, 1902, just two months after my setting up in practice here, he applied to me for advice and treatment.

Mania: Cerebral congestions need elaterin, jalapin, convolvulin; any hydragogue, with veratrine to quick effect, sustained.

Mania: The quicker we get to work with veratrine in acute cases the less damage will be done the cerebral tissues.



At first I found no trace of syphilitic taint, and therefore prescribed as follows: Liq. ammon, acet., oz. 1 1-2; tinct. aconite, min. 6; tinct. digitalis, min. 15; potassium acetate, dr. 2; spirit etheris nitrosi, dr. 2; spirit chloroformi, dr. 1 1-2; syrup aurantii, dr. 3; aquae puræ, ad oz. 6; M. fiat mist. Put six marks. Sig. 1 every four hours during waking hours.

This was continued for two days, during which time his temperature rose from 102.4 to 102.8° F. and rose earlier, about 1 or 2 p. m. August 21, 1902, medicine was discontinued, his condition remaining as before. On the 23d, I ordered the following, preceded by a saline purgative: Liq. Fowleri, min. 15; tinct. cinchona com., dr. 1; tinct. quassia, dr. 1; glycerini, dr. 2; aquæ ad six ounces. Mix: One-sixth part after each meal, twice daily. This was also given for three days without any effect.

August 27, 1902, I consulted all my medical journals; on page 402 of the *Indian Medical Record*, October 9, 1902, I found three cases reported in which antisyphilitic treatment had effected cures. I ordered as preliminary to my treatment, calomel and podophyllin granules, gr. 1-6 each, to be taken every hour for six doses. Next morning I gave him a double dose of saline laxative, which moved his bowels thrice. The following mixture was then ordered: Potassii iodidi, gr. 30; ex. hemidesmi liq., dr. 3; celerina, dr. 3; syrup rosea, dr. 3; aquæ puræ, ad oz. 6. Mix and put six marks. One thrice daily. On the third day of its use the fever left him for good, and he began to regain his former health. From the sixth day the mixture was taken thrice daily for twenty-one days, when he was hale and hearty.

Remarks:—On my first two visits I mistook the condition, believing it to be one of malarial origin, the intermittent variety, as the place is notoriously malarious. From this time I shall treat all my chronic slow fever cases with the antisyphilitic granules; with these I have always secured uniformly excellent results.

THAKUR R. D. SINHA.

Motahari, India.

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The vast empire of India, crowded with 300,000,000 people, contains one of the most interesting branches of the great Aryan stock. Under the British rule they have been brought into close relations with the western civilization, and the manner in which they have proved their ability to take up and assimilate the best we have to offer them, has demonstrated their right to a place among the great Aryan races. A number of the Indian physicians are now entered upon the subscription lists of THE ALKALOIDAL CLINIC, and like Dr. Sinha, are utilizing the active principles in their practice. It would seem that with them these agents must be recognized as necessities: India is a torrid country, the air in many parts loaded with moisture; so that the decomposition and evaporation which render tinctures and extracts always objectionable, are much worse there than even with us.

A wise old practitioner once remarked to the writer that chronic empoisonment with syphilis, malaria, lead, mercury or arsenic, perhaps without the patient's knowledge, were so frequently met that it was pretty good practice, in any obscure chronic case that resisted treatment, to administer a course of potassium iodide.

Mania: Puerperal and pregnant forms do well on macrotin, when the vasomotor conditions have been regulated.

Mania: Empty bowels; stop autotoxemia, and regulate the vasomotor conditions, and do this quickly to relieve the brain.

The wisdom of this advice has been frequently proved by the writer's experience. Potassium iodide, however, has been superseded by calcium iodized, which is more effective, gets to work more promptly, and accomplishes its task with a much smaller expenditure of iodine. We think also that it is a decided advantage to add phytolaccin or stillingin, that these may stimulate the absorbents to carry off dead material, leaving the iodine the task of combating the enemy directly. The granules mentioned by our correspondent contain mercury protoiodide, to destroy the syphilitic poison; stillingin, to stimulate the lymphatics; nuclein to reinforce the leucocytes; and the arsenates of strychnine, iron and quinine, to rebuild the blood and incite all the vital activities. The combination is a good one, far and away above the old-fashioned mercury and potassium iodide of our forefathers.—Ed.

#### SOME ADVICE AS TO HOW TO TREAT OUR CRITICS.

If I may, I would suggest that you pay very little attention to any criticisms. It is my impression from experience that very little is gained by "talking back." This gives the impression sometimes that one is rattled, and often this is all the fault-finder wants. Possess yourself with perfect equilibrium and, as occasion offers, poke a little fun at these fellows. I verily believe yours is the best medical journal published in the world. The last number is as rich as a nut!

The alkaloidal medicines, so far as I have tried them, are perfect. I only wish I knew how to use them better. Let me give you a little incident. Yesterday I

was talking with an agent of a wholesale house in St. Louis. This agent told me your preparations were very insoluble, especially your hypodermic tablets of morphine. He said he was in a doctor's office not long ago and that the doctor put one of your morphine tablets in a glass of water and, after talking some time, the tablet not being dissolved, he took his leadpencil and pressed upon the tablet, and it flew out from the pressure like a shot. I took this story with a grain of salt.

Go on with the good work and trust that some one as able as you may be ready to carry it on when you have finished the good fight.

I am now sixty-five, and cannot long hope to be an active factor in our great profession, but while I do live I want to advocate right practice and principles.

THOMAS GANTZ.

Freedom, Ind.

—:O:—

Doctor, we agree with you absolutely. The greater the man, the more important the subject, the more positive, and often obnoxious, the criticisms. Were we allowed to have our way entirely, not one solitary criticism would receive an answer, and the dogs could bark and the geese hiss until they got laryngitis while we maintained the even tenor of our way, doing better work, where possible, than we have been doing, and leaving others to "talk about it."

That the active-principle method has proven practically successful is evidenced by the fact that thirty or forty thousand physicians are to-day using the alkaloids almost exclusively in their practice, and that hundreds of these men have written to the effect that under the old methods

Mania: All drugs given must be strictly dosed for effect, regardless of the doses advised in the textbooks.

Mania: The quicker the circulatory conditions are recognized and treatment instituted, the less will be the damage.

they were failures, whereas to-day they are successful as physicians. The man who has tried to defeat diseases or combat pathological conditions with the galenical preparations and haphazard prescriptions for the past knows only too well how often his best efforts proved futile, and the stubs of his death certificate book will show how he got "licked" in his "rough and tumble" with death.

But he who cleans out the intestinal tract, rendering it as aseptic as possible (thus preventing systematic toxemia and enabling the system to absorb both nutriment and medication), and then gives in steady sequence remedies which act positively and potently, is bound to win therapeutically. The only essential is that he shall be able to decide just which remedy is called for first. The man who gives aconitine, for instance, when veratrine is distinctly indicated, may save his patient but he certainly will not get results as rapidly; neither will they be as perfect clinically as they would were the right drug administered. Examples could be multiplied without end. We are glad that you have been successful, Doctor, and trust that such may be the case until the end.

The man who says that he used the morphine tablet in the way you state, is a lineal descendant of Ananias, and his statements require not "a grain of salt," but *pickling*. Try for yourself and see how absurd such a statement is. In the very first place the morphine tablets have scarcely enough excipient to hold them together and that excipient yields instantly to water; but here, again, we will not even bother to answer the criticism. We shall go on with the good work with our sleeves rolled up and if our friends will

stand by us, in five years from today alkaloidal therapy will be the accepted method in the United States. Help us to speed the victory!—ED.

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### WE COLLAR THE DOLLAR.

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I do not know whether I owe you anything or not. If so, collar the enclosed dollar and thank God you have that much. If I don't, why, collar it all the same and give me the CLINIC for it for another year, but keep them coming anyway.

Say, the triple arsenates with nuclein served me a mean trick. I gave it as a placebo to an old codger that should have died years ago, and it cured him, and now his heirs don't like me any more, and I shall probably have to sue him to collect my bill. What do you mean by advising such drugs?

W. A. K.

—, Washington.

—:O:—

Many a man who has used the necessarily uncertain galenical preparations, made from crude drugs never the same as the active-principle content, has been surprised when he begin to use the remedies that are right, that always may be depended upon to produce the same degree of effect upon the physiological state; and when he comes to be able to determine the necessary impact and to adjust dosage and the frequency of dosage to desired results, then he is surprised indeed.—ED.

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### WHISKY IN COLLAPSE?

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I noticed in the *Denver Medical Times* for August, page 99, that Dr. Edward C.

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Mania: Get the case promptly away from irritant environment and into the hands of a doctor who understands vasomotors.

Mania: Understand that this is a real bodily disease, not a sin or a "mental aberration" only. Use your ordinary knowledge.

Register is supposed to have stated in the *Charlotte Medical Journal*, which is not accessible to me, that in the treatment of typhoid fever "whisky may be of much benefit if there is a tendency to collapse." Would you kindly express your opinion on this point in your next issue.

HENRY RICHTER.

New York City.

—:O:—

With all deference to Dr. Register, we do not believe in the use of alcohol in typhoid fever. We have never found it necessary or even of advantage, as compared with the more exact methods of alkaloidal therapy. Glonoin is a much more reliable remedy, acts more quickly and certainly than any of the alcohols. It may be combined with strychnine, digitalin or atropine, as the conditions demand. The results following the administration of these remedies in cases of collapse due to hemorrhage are often remarkable. If you have not tried this method, Doctor, we hope that you will, and then let us know which, in your opinion, is the more successful, the whisky method or this one.—ED.

### QUININE IN PNEUMONIA.

Owing to the teaching that quinine lessens the oxidizing power of the blood I have always thought it best to withhold this drug in affections of the respiratory organs, regardless of its tonic and antiseptic properties, but I have almost concluded that the two latter are of the greater assistance to patients suffering from a devitalizing disease, such as pneumonia.

E. S., a young man, twenty-two years of age, well-built but asthmatic; con-

firmed cigaret smoker (always inhaled the smoke), was chilled while tending a large circular saw on a damp, drizzly day; but he did not give up until toward evening. The following day being Sunday, he kept his bed, which, by the way, was in an airy tent, and home remedies were applied. I was called Monday afternoon and found him with face flushed, painful and frequent cough, rusty sputum; temperature 103° F., pulse 98, respiration 30. There were characteristic rales in the lower right lung, which was partially consolidated.

I proceeded to try the quinine. While filling the capsule, the young man inferred from the look of the drug that it must be quinine and made the remark that, "Quinine makes me crazy, so I cannot take any." I said: "Is that so?" but went on filling capsules (4-grains), feeling sure that if his statement was true I would see an idiot the following day.

But a good many symptoms never develop when patients don't know what they are taking, and they did not here; but on the other hand the lung began to clear up in forty-eight hours, and in four days after by first visit he was practically well. Of course I have aborted pneumonia before with the alkaloids but I would be satisfied with results like this in every case. I administered a four-grain capsule every four hours during the entire four days besides keeping the bowels open with calomel and salines and giving the defervescent compound for the first two days for the congestion.

A good many minor things as to treatment, care of patient and diet, I leave to be inferred by the reader as I feel confident that the editors of the CLINIC have

Mania: See to the bowels first, and second, and third, and always regulate medication beyond this by the vasomotors.

Mastitis: The most certain remedy for a congested breast is phytolaccin; gr. 1-6 every half hour till relief.

the fundamental principles so thoroughly drilled into the "family" that they infer them as a matter of course.

Another case that quinine had nothing to do with:

Concealed pregnancy. Girl of eighteen, all-around girl in hotel, weight 100 pounds; working very day. Landlady slept with her, measured her for clothes, etc., but did not dream of anything wrong. The young "father-to-be" boarded at the hotel, but was kept in ignorance. He sent for me at 5 a. m. but did not know the nature of the trouble. Baby born before 7 a. m. Everything normal. Landlady nearly dumfounded but managed to bring me a few swaddling clothes to wrap the baby in, as it was freezing cold in the room. Where did the girl keep the baby which weighed six pounds?

E. C. J.

—, Iowa.

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Thank you for this report. It makes interesting reading for the "family" and may lead to further test of quinine in pneumonia.

These peculiar cases of "concealed pregnancy" are not as rare as one might imagine. The landlady in this case, however, must have been a very blind old lady—especially if she slept with the girl. It does seem almost impossible that a six-pound child should be so completely hidden to the world, but within a year the writer has had two cases in which the mother herself was ignorant of the condition until shortly before full period. "There are more things in Heaven, and on earth, Horatio, than are

dreamed of in our philosophy!"—Ed.

### THE OUTDOOR TREATMENT OF CONSUMPTION.

The modern method of treating consumption, viz., keeping patients in camp out in the open air, seems to the writer of this article the most rational step that has yet been taken, not only as regards the handling of disease, but that of the patient as well. The former, by this method, is quite often stamped out while the patient lives to hail the victory.

It seems strange in the light of past events that this course had not long ago been adopted and pushed to its legitimate issue. But the world moves slowly and all great innovations must have their time. Even the medical profession does not always keep step to the advance of progress and is slow in accepting that which has been proven to be a good thing—instance, alkalimetry.

But no doubt objections may be raised by some, who will argue that in the "open air" treatment, nothing has as yet been proven; that it is too soon to claim definite results. Be this as it may, if one can doubt for an instant that at least one good thing must come from this course of healing consumption, viz., their segregation from those who are yet uncontaminated with the disease. Not a word need be said on that phase of the subject. No one can deny this for an instant. It has become a necessity if we ever expect to eradicate consumption, or even to control the spread of the disease.

The present attempt by the authorities in many of our cities, to deal with the vile habit of spitting on the streets and in

Mastitis: Atropine and camphor relieve hyperemia, but are apt to dry up the secretion of milk; give to full effect.

Mastitis: Calcium sulphide, gr. 1-6 every half hour till saturation, prevents suppuration; does not dry milk or harm baby.



public places by making it a misdemeanor punishable by fine is proof that even the laity see the necessity of a movement in this direction.

But the writer does not wish to take up this latter phase of the subject, but to submit some proof that the "open-air" treatment has much in its favor, and in doing so his line of argument touches some experience and observations that reach back some forty years or more in the past.

It was his fortune to serve four years in the Civil war, 1861-1865, as a member of a cavalry regiment that saw much hard service and covered some nine states in its marches and campaigns, literally riding thousands of miles from start to finish. In his company of one hundred men were five consumptives. Their physical condition was such that not one of the five should have ever been permitted to enroll himself in the army, and the only reasonable explanation of such enrollment is that the full complement of men was sworn in at night and the mustering officers knew nothing of their condition. Not a man of the five but was thin in flesh, cadaverous in looks, chests sunken and all coughing more or less.

Now for the second number. One, who seemed to be literally coughing himself through the Confederacy, died with consumption suddenly after ten months' hard service. Number two died very suddenly, taken with a congestive chill in the morning and died in the evening of the same day, having served twenty-three months. Numbers three, four, and five served the four full years, stood all the fatigues and exposures of camp life and were mustered out at the close of the war, none of them apparently worse in

health than the day when they enlisted.

They all returned to civil life and its indoor habits. Let the result be recorded. They were all dead with consumption in a very short time. In the opinion of the writer who knew each of them intimately—and their complaints as well—it is perfectly safe to assert that every one of these men prolonged his life by army service. They could and did stand—or at least four of them—rough outdoor life, and this of the roughest kind, for months, and even years, but they could not stand the change from this to the confinement of their homes.

While this is but a straw as it were, it shows "how the wind blows" and has its lesson. Doubtless many others could testify, if they would, along this same line, and thus give to the world something of value.

In the hope that this article may bring them forth it has been suggestively written.

W. H. H. BARKER.

Chicago, Ill.

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### HASTY DIAGNOSIS.

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The columns of your excellent journal seem to be the open arena for the untrammelled discussion of all matters pertaining to medicine. How about taking a turn at the subject of "Hasty Diagnosis" by way of iteration and reiteration?

Time was, and perhaps still is, when physicians felt they must name the disease and then use the treatment recommended for that particular disease. So it happens that if a man goes to a doctor with a certain set of symptoms, the diagnosis is syphilis and the prescription is the routine treatment. He may go

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Malaria: Mercury and arsenic iodides, iodoform the calc. iodized absorb debris and all toxic products rapidly.

Malaria: Quinine and cinchonidine salicylates and picric acid check the periodicity of the paroxysms.

from one doctor to another, always the same diagnosis, always the same line of treatment, with possibly some slight variations.

Now, is this scientific precision or is it routine empiricism? To my mind it simply shows that a hasty diagnosis, where the landmarks are so very obvious, sometimes happens to be the correct diagnosis, while the uniformity in treatment indicates merely unquestioning mental sloth. And this leads me to enter my protest against the careless, superficial diagnosis so prevalent in the practice of medicine to-day. A patient enters the doctor's office. Some routine questions are asked, the patient's symptoms are disclosed, and the doctor makes some broad generalization. His patient is "bilious," or "constipated," or "neurasthenic," or has bronchitis, or laryngitis or appendicitis, or urethritis, or some other *itis* or specific infection.

Our wiseacre would seem sometimes to have such a gift of second sight that he is almost able to tell just from a look of his patient's hair, what his innermost condition is! At any rate he knows his target is somewhere on the side of the barn, and he lets fly the scattering shots from his old blunderbuss. If by some happy-go-lucky chance he hits the bullseye, he congratulates himself on his perspicuity and scientific precision. More likely he fails and his poor victim wanders on to try some other *clarus medicus*, or else in sheer desperation, betakes himself to patent medicines, or the other extreme—Christian science.

While it is undeniably true that in some instances there are unfailing prodromata, characteristic signs—it may be a peculiar cachexia or the telltale odor

of the sick room, yet far more often it takes patient investigation to arrive at the true inwardness of the abnormal condition.

Some doctors, ordinarily careful and competent, fail right here. For instance: A doctor had a case of chronic diarrhea. He treated that condition carefully for a year, but it failed to suggest to his easy-going mind the possibility of rectal carcinoma as the provoking cause, even when there were hemorrhagic evacuations. It was a sad commentary on his acumen in diagnosis that the patient herself should be the first to discover the morbid growth.

Again a young lady, quite diminutive in stature, was employed as a clerk in a dry goods store, her business being to sell underwear stowed in boxes upon shelves almost beyond her reach. She began to have stomach trouble, became very dyspeptic, complicated with frequent attacks of diarrhea. She consulted her family physician from time to time, but got no better very fast; after some months had to give up her work, a complete wreck and getting worse. In her extremity her friends induced her to "try" a doctor who had a reputation for painstaking diagnosis. He came and percussed and palpated and auscultated chest and abdominal regions, then posteriorly and especially up and down the spinal column. As a result of this physical examination, he discovered the etiological factor—continued strain from upward reaching and lifting. Reasoning from this diagnostic basis, carefully adjusted hygienic and medicinal treatment secured perfect recovery within a few months.

On the other hand the physician not infrequently makes an ostentatious dis-

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Malaria: Helenine is a valuable germicide against the plasmodia that cause malarial affections; a grain a day, plus.

Malaria: The jaundice is relieved by manganese and iron phosphates and phosphoric acid, given in frequent small doses.

play of his methods of diagnosis simply to impress his patient. He knows it is all a big bluff. It is not the real thing. Doctor, why not take time and energy enough to study out each individual case which comes to you—get all the bottom facts, if possible. So can you best assist nature.

Men who dabble in science and cold hard facts come to think imagination must be excluded. Doctor, there is a legitimate field in which you may use this faculty for the blessing of your patients and as a spur to your own lagging endeavors. When you have a patient before you imagine yourself in his place. How would you like to feel that the man to whom you have appealed for help and to whom you are going to turn over your hard cash, gives you but casual cursory attention? You ask for bread, and he gives you—what? Help is what the sick man wants. Why not make careful effort to help him and incidentally the success of an established reputation for yourself?

J. M. COVERT.

Chicago, Ill.

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Doctor, you have not made it a bit too strong. Much of the condemnation of our therapy, out of which comes the prevailing nihilism, arises because physicians do not take the time and the trouble to be thorough—to get to the bottom of the mischief. Thousands of physicians never make a thorough physical examination. They feel the pulse, take the temperature, look at the tongue—and listen to a long description of the patient's ills. That is all. How can any one prescribe accurately without knowing

for what he is prescribing? Successful treatment demands accurate diagnosis.—Ed.

#### APPENDICITIS; CASES OF MIS- TAKEN DIAGNOSIS.

The fact that we profit by our mistakes as well as our successes, is, perhaps, the best reason I can offer for reporting these cases.

The journals are constantly chronicling our successes, but who, if any, publish their mistakes or failures? The pendulum of enthusiasm, fortunately, travels as far on the back stroke as the other, and time proves to us that between the two extremes rests the safety of our patients.

Only a few years have passed since we heard the oft-repeated caution, "Don't wait too long before operating for appendicitis." These were timely words in cases where *correct* diagnosis is possible and can be made. I quote the following words from good authority: "Generally a *correct* diagnosis must be made, if made at all, in the first stage of an appendicitis."

Rarely the family physician, much less the counsel, sees these cases during their first stage. Is it at all strange then that many of us have become somewhat conservative and do not advise operation until every means to assist us in correctly diagnosing these cases has been exhausted?

On returning from the A. M. A. meeting I stopped for a few days at one of New York's suburban towns, and while there was asked by Doctor Zabriski, one of New York's noted surgeons, to see a case of appendicitis with him. The pa-

Malaria: Elegant tonics during convalescence are berberine, cerasein, quassin, populin, eucalyptol, calumbin.

Malaria: Full doses of pilocarpine at bedtime with berberine by day, form an effective means of reducing spleens.

tient was a young married woman of wealth and culture, of sedentary habits, and had been under the doctor's care for several days, and was daily getting worse.

His history of the case was such, that on looking over the patient and noting the existence of a tumor in the region of the so-called McBurney's point, I had no hesitancy in advising immediate operation, in which we agreed. The friends objected. Doctor Zabriski ordered the nurse to give the patient warm rectal injections, and in a few hours he would return.

In reporting the case to me next day, he said the pain, tumor, and abnormal temperature had all disappeared. I was afterwards informed that she made an uninterrupted recovery.

Number two is my own patient, a business man twenty-six years of age. He was taken with the usually described symptoms of appendicitis; on the fourth day he became desperately sick, and two other doctors were called in, one of whom had had much experience in these cases and is a surgeon of no mean repute. After examining the case he remarked: "Gentlemen, should you ever find me in the condition of this man, don't hesitate to operate at once."

So much objection to operation was made by friends that the patient finally to settle the matter threw the responsibility upon me. I instructed the nurse to prepare the patient, and give a rectal injection, while the two doctors went with me to dinner. Doctor Y. remarked as we neared the house, "Guess we hadn't better go any further. The man is dead; the door and windows are open." Far from it, however. The man's bowels had moved and like the other case, with the move-

ment went the tumor, pain, and tenderness. Perfect recovery.

Case three. "Come immediately prepared to operate for appendicitis as soon as you get here. Will have patient ready." Such was the message from a small town in Allegan County. I found a man of thirty who had been under the care of his family physician for a week, and with the advice of another doctor he had decided that nothing but operative interference would or could save the man from impending death.

The treatment in this case had been cold to the site of pain and over the tumor, whose surface diameter was about the size of a silver dollar and discolored. On making a rectal examination I was dumbfounded to find the impaction reached within two or three inches of the anus. The bowel contents being removed the pain and tumor disappeared, but not so the discoloration mentioned, for so great had been the pressure that a small external abscess formed and was opened by the attending physician after the patient was able to sit up. Perfect recovery.

Since writing this report I was called to a city about one hundred miles north of here. "I want you to come on first train. Mr. T. has appendicitis, must operate." This was the message of the attending physician to me. I found this man had been very sick for a week, with, as the doctor said, every symptom of a clear case of appendicitis. So urgent had the case become that a surgeon had been called in and agreed with the attendant that they could not defer operating longer, but the patient insisted that they wait until I could see him. This man's temperature on my arrival was 102° F., pulse 90 and very weak. He was bathed in

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Malaria: Cornin would be the great remedy were quinine unknown; doubtful if latter exists, except better prepared by chemists.

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Malaria: Resorcin is alike antimalarial, antiseptic, astringent and antirheumatic; a great combination of values.

a cold, pasty perspiration, had a cadaveric look, and on inspection I did not wonder at the anxiety of his wife and father.

The doctor told me he had given the man calomel, followed by salts, and that they had operated freely. He was sure the tumor was an appendiceal abscess. I, however, discovered that there were several of them, and that on pressure the indentations remained. We agreed on giving 1-15 grain of strychnine followed by an alcohol bath; then an injection of a quart of warm soapsuds, which was retained. In half an hour two quarts was allowed to slowly run into the bowels when away came, in the language of the nurse, 'the most foul-smelling and largest quantity of fecal matter she ever saw come from a living person.' In an hour the patient brightened up, and in four hours the pain had gone, the sweating ceased. The temperature was 99° F., pulse 80, and he asked for something to eat. Last Saturday night I heard from him and he had improved steadily, and that now by the benefit of the "pass" which is a clean intestinal tract and an intact appendix, he is able to resume his leadership of the Traverse City appendicitis club.

In reporting these cases I have purposely omitted technical descriptions and details. Now, gentlemen, do not think for a moment, that the doctors referred to, whose names I have not mentioned in this report, are in any way inferior. They are not; they are men actively and successfully engaged in practice; but in these cases they had not used all the means of arriving at a correct diagnosis.

In conclusion I will quote Dr. Senn, in the *Monthly Cyclopedic of Practical Medicine*: "The Training of a Surgeon."

Malaria: Begin by emptying bowels—calomel and podophyllin—then disinfect with sulphocarbolates a sufficiency.

"Master the elementary branches in college, do general practice for several years, return to laboratory and surgical anatomy. Attend the clinics of different operators, and never cease to be a physician."

If this advice is followed there will be less unnecessary operating done in the future than has been the case in the past.

B. B. GODFREY.

Holland, Mich.

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There is an important lesson in these cases—a lesson which all of us should take to heart. In the craze for "surgery" there is a tendency at looseness of diagnosis—to overlook the simple but very essential things which, when properly attended to, make operation unnecessary in a very large proportion of cases. Even in the true cases of appendicitis we have the firm belief that operation is by no means always indicated. Medicinal treatment—alkaloidal of course—does wonders in many of them. We wish that every reader of the CLINIC would go over some articles on this subject which are published in the *American Alkalometry*, Volume I, written by Dr. Zophar Case.—Ed.

### STRYCHNINE.

Prof. A. B. Hughes, of Keokuk, in *Merck's Archives*, treats of some unusual applications of strychnine, deducible from its physiologic effects.

The chief dynamic force of strychnine is expended upon the central nervous system, raising reflex irritability from the lowest portions of the cord upwards. Motor and sensory cells are specially stimulated (Sollman). Blood pressure rises, metabolism increases, all the mus-

Malaria: One grain a day of quinine arsenate equals fifteen grains of the sulphate and is easier to take.



cles of the body are stimulated. The stimulation of the pelvic organs renders strychnine an ideal aid to young girls at puberty. Raising muscular tone, it tends to strength of "constitution." Girls suffer from under muscular activity and over brain exercise; they are always tired, menses scanty and irregular, insomniac, given to fudges, and here strychnine in small doses, long continued, works a wonderful change—rapid and splendid development pelvically, healthy complexion, bright eye, rounded chest, erect form, and firm gait.

Given during the last month of pregnancy strychnine keeps the abdominal viscera up to their work, aids excretion by bowels and kidneys, prevents dropsy, and induces euphoria at labor. Acting on the cord, it strengthens the contractions, shortens labor, and promotes return to normal conditions later.

Strychnine antagonizes habit drugs; and is useful in treating these habits when pushed to the verge of toxicity.

Given during late pregnancy, strychnine must increase the vital resistance of the child, resulting in better growth and development. This has been verified by the writer's experience—the children are invariably strong, vigorous, and seemingly endowed with strong resisting powers.

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### TOXEMIA AND OLD AGE.

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In his splendid "Oration on Medicine" at the Portland meeting of the American Medical Association, Dr. Charles G. Stockton discussed the problem of old age and its alleviation. This address was evidently inspired in large part by the recent work of Metchnikoff on these

lines, as recorded in his *Nature of Man*. Stockton brought out the importance of various toxemias in the production of old age. Arteriosclerosis is a large factor in senility and intoxications are mainly responsible for it; as a result we have the cerebral, cardiac, and renal diseases so common in old age. Vascular changes are responsible for deficient nutrition and the visceral degenerations. The mortality of pneumonia in old age is explained by the greater toxemia which prevails in this period. Quoting Metchnikoff the writer says that man has inherited an immense colon at the expense of longevity, this organ harboring an immense number of bacteria, leading to fermentation, putrefaction, and the production of alkaloids, fatty acids, and toxins which "man has to combat for the length of his mortal days."

The indications for treatment, as pointed out by Stockton, are the improvement of the general nutrition and circulation, colonic lavage, massage, pulmonary gymnastics, and the drinking of an abundance of water. It seems to us perfectly apparent that the doctrine we have been preaching here for so many years is the fundamental one: the necessity of "cleaning out and keeping clean"—to keep all the excretory organs active and digestion and assimilation up to the work. Frugal habits in eating, a simple diet, and keeping the bowels flushed and aseptic by appropriate remedies—these best "fill the bill."

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### A "DEPLETING" FORMULA FOR THE GYNECOLOGIST.

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All the knowledge of medicine I have I received at the hands of the unselfish

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Malaria: One grain a day each of quinine, arsenate and berberine; squeeze plasmodia from spleen and kill them in blood.

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Malaria: The arsenates and nuclein restore the blood and clear away the remaining parasites from the system.

men of the fraternity. I believe all doctors having a remedy that has served them well, should, in return for aid they have received, publish it, that all may benefit thereby. I have a remedy (not new as to its contents) which I have been using for some time as a "depleter" in gynecological practice. It is very efficient in its action, and cheap in construction. It is as follows: Glycerin, dr. 8; epsom salt, dr. 5; carbolic acid, dr. 1-2. M. Heat till all is dissolved and you will have a nice, clear solution. Ichthyol may be added if desired. If an astringent is desired, add sulphate of zinc. Wool is best as a tampon.

T. O. HARDESTY.

Jacksonville, Ill.

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This "looks good to me." Now we should like to have some reports of cases treated with this combination.—Ed.

### ECHINACEA AND THUJA IN CANCER.

I see by the CLINIC that the editor advises echinacea and thuja as local applications for cancer. I have had some experience with thuja in such cases.

CASE I. A lady fifty-three years old came to me with a large sore on the root of her tongue, as large as a silver fifty-cent piece; it seemed to be one-half inch deep. She had lost fifty pounds. Her old physician said it was a cancer, and it was no use trying to do anything for it. I did not name the trouble, but gave her arsenic, gr. 1-100, every three hours and gave her an application as follows: Glycerin, 7 parts; carbolic acid, 1 part; M.

I then took one part of this mixture with

Felter's thuja one part. This was applied every two hours. She was cured in less than two months. This was five years ago, and she is well yet.

CASE II. W. M. came in with a large, ugly-looking sore on the left leg above the knee on its outer side. I gave same treatment. In one week the ulcer had cleared out and left a deep hole in the leg. I suggested we get a scraping from the edge and have it examined to see if it were not a cancer. He left me and went to Cincinnati where it was pronounced cancer. I believe the original prescription would have cured him.

The same prescription is a specific for discharging ears. It will clean them of all granulations in a few days. Try it.

J. H. DAVIS.

Washington C. H., Ohio.

### IN LOVE WITH CALCIUM IODIZED.

I can no longer keep quiet in regard to calcidin. If I ever was in love with a remedy which never has failed to give such satisfactory results, it is with this one. I use it for croup in children, and not only in tonsillitis but in every throat trouble. I use it empirically wherever it seems it would be beneficial, and always with good results. Every physician should carry the tablets. He is armed against croup, tonsillitis, laryngitis, pharyngitis. I do not think though I have ever tried it in diphtheria. If I had a case I would administer it with all confidence of success.

C. R. KING.

Atlanta, Georgia.

—:O:—

Thank you for your outspoken and

Malaria: No mosquito will bite the man who is exhaling the odor of sulphides from breath and skin; a sure prophylactic.

Malaria: Never forget the need of keeping the liver active and the bowels cleaned out and well disinfected.

frank commendation. Had we not proven this remedy so thoroughly, we should have been astonished at the flood of similar communications from the profession, but we *knew* from experience what it would do, and our only hope and prayer was that the physicians at large would use it as we directed, and thus obtain the same remarkable results as ourselves. In diphtheria, Doctor, calcium iodized is a useful adjuvant, but must not be depended upon as one has there a systemic affection, and this remedy acts too slowly and mildly to be at all effective in destroying the Klebs-Loeffler bacillus.—Ed.

#### A HOME IN FLORIDA; A GOOD OPPORTUNITY FOR A DOCTOR TO INVEST.

One of the CLINIC family (and a very dear friend of the editor), "passing on" some time since, left to his widow a nice piece of Florida property with a small orange grove, etc., well situated where there is an easily available, though somewhat small, practice. It is a good place for a doctor to go to who wants to do some professional work, some work out-of-doors, and be in a delightful climate.

In her personal letter Mrs. Dodge says: "I am anxious to sell my property here in Florida and have thought many times of late that it was through an advertisement in the CLINIC that the doctor sold his place in Mt. Dora. Tavares is the county seat of Lake County, and my ten-acre grove, with a good sized house, is about three-fourths of a mile from the Court House, beautifully located on Lake Dora. I think it would be a good place for a doctor who is in poor

health and who would like the warm climate for the winter. There is no physician in this town, none nearer than, say, six miles. A man could do some practice here, also raise oranges and garden products as part of the ten acres is fine soil for raising vegetables, berries, etc."

Interested parties please address Mrs. Mary Dodge, care Osceola Hotel, Tavares, Lake Co., Fla.

#### SODIUM GLYCOCHOLATE IN DISEASES OF THE LIVER.

An important paper on the action of the bile salts and their therapeutic applications appears in the *New York Medical Journal* from the pen of Dr. H. Richardson. He epitomizes as follows the physiological action of these salts:

1. Injected even in small doses into the blood stream, they produce a widespread disintegration of the red corpuscles with a liberation of hemoglobin; brought into contact with cells of the body they cause disintegration.

2. They have a cholagogue action; in fact, are the only substances known to possess the power and actually to cause an increased flow of bile, both solid and liquid constituents being increased. None of the drugs of the pharmacopeia increases the elimination of bile.

3. The presence of bile salts in the blood acts as a stimulus to the liver cells.

4. In small doses they act by increasing coagulation.

5. In large doses they arrest coagulation.

6. In very small doses they act as vasomotor dilators.

7. In large doses they act as vasoconstrictors.

8. They reduce motor and sensory irritability.

9. They slow the heart beat by direct

Mania: All cerebral hyperemias are quieted by hyoscine; general dose in all manias, gr. 1-100 hypodermically, daily once.

Mania: Hyoscine allays irritation, secures sleep, quiets delirium, and nymphomania, monomania and fixed hallucinations.

action on the heart muscle and the cardiac ganglia.

10. They act on the higher cerebral centers, causing coma, stupor, and death.

11. They act as solvents for cholesterol and bilirubin, thereby preventing the precipitation of these substances and consequent formation of gallstones.

In jaundice, Dr. Richardson says that sodium glycocholate is not indicated so long as there is occlusion of the bile ducts; but as soon as the ducts are opened the fluidity of the bile should be increased by the administration of this salt along with alkaline waters in large quantities and sodium salicylate.

As he points out, cirrhosis of the liver is caused by the absorption of digestion by-products, and the proper functioning of the organ is essential to the protection of the body; the reabsorption of bile and the toxins contained in it produces the toxemic symptoms peculiar to the disease—and the poisonous properties of bile reside in the coloring matter, not in the salts. The administration of sodium glycocholate stimulates the excretion of bile, and this in turn prevents putrefactive changes in the bowel. It is therefore indicated in this disease.

Sodium glycocholate is also of service in chronic constipation where the patient has the purgative habit. Purgatives, by too quick emptying of the bowel, prevent the reabsorption of the bile salts, and these natural stimulants to biliary action being absent, the flow of bile is impaired, robbing the bowel of its natural laxative and antiseptic.

#### DISGUSTING DRUGS.

There are, at times, some amusing instances, and at times some disgusting in-

stances to be seen among the native practice of "the" old woman. One little child was about killed by an old woman giving to it the extract of a dog's excretions! I suppose this material is used in some form of medicine for I see from the consular report that a large amount of this drug is exported from Turkey to the States. Barron's worm remover is a godsend to us and is usually effective taken in doses of ten to twenty at a dose. There are few, if any, people here who are not affected with the round worm.

ROBERT L. STAPLETON.

Erzroom, Turkey.

—:O:—

Pulverized dog's feces (the white variety) is used for tanning the white kid glove which adorns the arm of our belles. You can see men chasing up and down the back alleys of the city and along the country roads and lanes in England and Europe with a sack over their shoulder carefully harvesting this material. The writer remembers an episode which will bear repeating. In the dim gray of an early morning a policeman noticed a man carrying a bag and dodging around into the back gardens of expensive houses. He followed, block after block, hiding behind fences and door posts until finally convinced that he had an "area thief" he pounced upon him and demanded that he turn out his bag for inspection. The man, without a word, took the bag by the corners and shook the contents over the nicely polished boots of the minion of the law. The joke was "on the copper," and he went away an educated man, and from that time forward he has been known to turn up his nose whenever he sees ladies passing to their carriage with

Mania: Hyoscyamine for intermittent forms, non-congestive, mild, non-inflammatory, hypochondriac, persecutive delusions.

Mania: Cerebral hyperemias do well on gelseminine by day and hyoscine at bedtime; dosed strictly to effect.

kid gloves extending to the elbow or shoulder. Moreover the dry, white, fecal secretion of the bone-eating dog is pulverized, sifted to a fine powder and used by "quacks" to insufflate the throat in diphtheria. Some three or four years ago the writer described an epidemic of diphtheria in Canada in which "every case was cured" by an itinerant doctor who used this white powder, charging five dollars an ounce for it! Perhaps other members of the "family" can add experiences?—ED.

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### WE'LL KEEP UP THE FOOTNOTES.

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In the October number of the *CLINIC* we called for a vote on the question of continuing or dropping the footnotes. We have received about one hundred responses and they are still coming. All vote in favor of a continuance of the footnotes except two. It seems to be well nigh unanimous! The following letter is from one of the two gentlemen who object to a continuance of the notes:

In response to your query in the October number of the *CLINIC* I would say, abolish the footnotes. I wrote a protest against them several years ago. Still they are not so *very* objectionable, nothing like so objectionable I might say offensive, as the advertisements interleaved with the reading matter. This is a great drawback to so well gotten up a periodical as the *CLINIC*. Indeed, I have thought that I would never tolerate it by taking any journal that practises it. I would be glad to see it discontinued.

Yours very truly,

The other objector takes exactly the same ground, both as regards the foot-

notes and the interleaving of the advertisements. In other words, neither of them objects seriously to the footnotes, and both object to the mixing of advertising matter with reading matter. On the latter question we have already had correspondence with a number of the readers of the *CLINIC*. We can see that there are reasonable grounds for objection, though candidly we cannot see that they are so serious as our correspondent believes. If he will take up his *CLINIC* and look it through he will see that the reading pages are numbered consecutively and that the advertising pages may be torn out without affecting the integrity of the reading pages for binding, if so desired. (We hope that none of our readers will do this, because we believe that it *pays* to read the advertising pages, and that every one should.) Moreover, we are anxious to please our advertisers, if we can do so in an honorable way. Furthermore, it pays *you*, the reader, that our advertisers should be pleased, for without well-filled advertising pages we should be compelled to double or treble the price of the journal, and sacrifice a large share of its influence—for circulation means influence.

But let us hear from the other side—those who want the footnotes continued. Here are a few expressions:

A wealth of ideas in a small compass. At bedtime after the day's trials are over, how soothing the perusal, producing gentle sleep. Leave out a "leader" but give us footnotes.

Keep them up. I don't see how the *CLINIC* could be improved at all; it is simply O. K.

I never consign the journal to my reference stock until I have carefully scanned the footnotes.

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Mania: Cerebral hyperemias do well on veratrine, if the elimination is defective and pulse full and strong—very usual.

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Mania: All cases demand close attention to the bowels and elimination sustained; all are alike autotoxemic.



The footnotes are golden grains hammered out of the rusty geodes of medical lore; sententious, concise, epitomized, post-graduate lectures.

The more truths are boiled down the better—keep on with the good work.

There are some gems in these notes that are appreciated, no doubt, by 90 per cent of your readers.

The little footnotes are intellectual sandwiches.

By all means continue the footnotes in the CLINIC. They take up little room and are just the thing for inserting little suggestions, reminders, statistics, etc., often by their very brevity standing out so prominently as to impress the mind of the reader far more than the lengthy articles.

Often I haven't time to even select and read but I do have a moment to glance at the footnotes and invariably get something "good and lasting" in a very few words.

I like my reading concise and to the point like these notes and am constitutionally lazy enough to enjoy having some one condense for me, or rather select such excellent material as these notes are made of. Register me 10,000 votes in favor of the notes!

Whatever other changes you make in the CLINIC just let the footnotes remain as they are.

They are worth much more than the subscription price.

I fail to see how you can give as much instruction in any other form in so small a space.

For goodness sake, keep up the footnotes!

It is one of the best features of the best journal that comes to my table.

"Footnotes?" Why of course we want them! They are as concentrated as the alkaloids, and to dose enough they hit the mark!

A good Catholic Brother, one of our most valued correspondents, writes as follows:

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Cerebral anemics do better on atropine by day, carefully dosed to cause a little trace of dryness of the mouth.

Here is my vote: *Keep them up by all means!*

Out of them I have gathered a great many pointers, corrections of former views and ideas, special and specific indications for the application of remedies and many other things worth knowing and to take notice of.

In many of the issues of my "CLINIC" you may find almost every one of the "notes" marked as "posted."

Their merit lies especially in their brevity and "pointedness" in the multitude of subjects touched, and last but not least in their aptitude to arouse an inclination of briefly overhauling a certain subject, that otherwise would not be thought of, and although many of them do not contain anything new, it is just this short and precise form, which is so much enjoyed at least by me.

Therefore please count my vote as in the affirmative.

O. S. B.

With enthusiastic endorsement like this, we believe that we are justified in continuing the footnotes. And now, Brethren, send in your contributions. Help us make this department of the CLINIC, and every other department, better. We acknowledge with thanks contributions from several of our readers—but there were not half enough! [These contributed footnotes were unfortunately in the fire and lost. Send us more, Brethren.]

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#### SALVATION ARMY WORK FOR THE TUBERCULOUS.

The Salvation Army has established at Amity, Colorado, a sanitarium for the treatment of consumptives, intended to provide for respectable, middle-class people, who can not afford to patronize the more expensive institutions. There is a main building with accommodations for

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Gangrene of lungs: Remove fetor with creosote, eucalyptol, menthol, thymol, phenol, myrrh, or by eucal with atomizer.

about one hundred patients, while out-of-door sleeping accommodations are provided for those who need them. Everything is comfortable, and the patients will be under the care of experienced physicians. The terms are \$25 to \$35 a month, this covering board, room, medicine, and medical attendance. If you have patients who stand in need of this help and who you think will be benefited by the Colorado climate, write the Secretary of the sanitarium at Amity, Colo. Furthermore, every physician should be interested in aiding, financially, a splendid charity like this. Of the many good works undertaken by the Salvation Army, there is none which should appeal to our profession.

#### DIETETIC TREATMENT OF CONSTIPATION.

While the medicinal treatment of constipation is important and is not under any consideration to be neglected when really indicated, in order to insure the permanency of a cure of this very common condition, it is important that every factor which enters into its causation should be considered and the habits and diet adjusted in order to prevent a recurrence of the trouble. The habit of regular defecation should be insisted upon, exercise suited to the occupation and strength of the patient should be provided, especially such as will strengthen and develop the abdominal muscles, regular bathing, especially the morning cool sponge bath with friction, should be made the rule, and the patient should be taught the necessity of living in the open air, and living a thoroughly natural life. Outdoor games, such as golf, tennis, etc.,

or walking, horse-back riding, bicycling, and the like, are excellent forms of recreation and serve to raise the general muscular tone and stimulate all the nutritive processes.

But most important is a properly selected diet. Women especially are prone to live on concentrated food—food which contains little water and is poor in the so-called waste so essential to the normal stimulus of the intestinal walls. The food for constipated people should meet the following conditions: (1) It should contain plenty of water, since these people almost always drink too little fluid; (2) it should be well balanced as to the proportion between proteids, carbohydrates and fats, this being essential to proper nutrition, poorly nourished abdominal muscles being weak muscles; (3) it should contain a sufficiency of mineral salts, which are natural laxatives; (4) it should be remembered that fats are laxatives; (5) sweets, within certain limits, are desirable because of the gas development which goes with them—and  $\text{CO}_2$  is one of the best laxatives; (6) A certain amount of bulk is essential in order to fill and distend the gut, thereby producing mechanical stimulus.

We are a nation of bread eaters, and many women practically live on this kind of food. While bread is not a "perfect food," as used to be said, it probably more nearly approximates it than anything else. It is therefore unfortunate that in the modern roller process of manufacture the flour of to-day is not up to the standard of the flour of the "daddies." In order to make it white—esthetically more attractive—the outer portion of the grain is removed. This reduces the proportion of proteids (gluten), fat,

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Gangrene of lungs: Baptisin, a granule every hour, is said to allay fetor and check tendency to sphacelus.

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Gangrene of lungs: Arsenates of strychnine, quinine and iron with nuclein pushed recklessly, to stay death's hand.

and salts (mostly phosphates). Not only the nutritive value is impaired but it is less desirable when there is a tendency to constipation, especially since the removal of the cellulose of the husk takes away the mechanical stimulus which is also quite important.

While exaggerated claims have been made concerning the value of certain "patent foods," it cannot be denied that they supply a real need in many cases; they preserve the whole grain of the wheat and present it in a readily digestible form. Take egg-o-see as a type of the better class of these foods, and the analysis shows in a marked degree this greater richness in the important elements which we have named. As a morning food for constipated individuals it may with great benefit replace the dry toast and cup of coffee upon which "my lady" is likely to luxuriate. With a little cream, and fruit, and preceded the first thing in the morning by a full glass of water, it should start the day right.

Enough has not been said about the more general use of fruits and vegetables, which are rich in water, in salts, and many of them in the acids which by the generation of  $\text{CO}_2$  help to keep the bowels moving; they also supply much-needed bulk to the stool. Their use is, however, implied in the list which we have outlined.

The dietetic treatment of constipation should be studied more and understood better. That will mean more success in treatment.

#### DIGITALIS AND ITS ACTIVE PRINCIPLES.

In the *Missouri State Medical Association Journal* for September there is an

excellent review of the action of digitalis and its active principles, by Dr. S. A. Johnson. Following Schmiedeberg's analysis, Dr. Johnson says that digitalis contains four active principles, digitalin, digitoxin, digitalein, and digitonin, besides an inert principle, digitin, and various other constituents, as tannin, starch, sugar, gum, coloring matter, oils, and acids. Of these active principles the first three are active heart stimulants, while digitonin is a cardiac depressant, and is the principle upon which the diuretic action of digitalis depends. Digitalin, digitoxin, and digitalein are the three principles found in the alcoholic preparations; digitonin is most abundant in the watery preparations which also contain some digitalein.

While digitalis slows and tones the heart it also increases the arterial resistance, and for this reason Dr. Johnson thinks the action upon the vessel walls should be counteracted by arterial relaxants, and for this purpose he recommends the nitrites and nitroglycerin. As to the diuretic effect of the infusion, the danger of making this from the tincture or other alcoholic preparations which contain little or no digitonin, is pointed out, yet this is a custom with too many pharmacists.

In the discussion of this paper Dr. Buchanan agreed perfectly with the essayist as to the complexity of this drug, and for this very reason emphasized the advantage of giving the active principle itself, instead of trusting to liquid preparations of recognized variability in strength. He uses digitalin, and when a relaxant is required he employs aconitine with it. This combination he finds acts excellently in pneumonia. And to this we say Amen!

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Lupus: Arsenic iodide, calcium iodized, iodoform, may check progress, especially if syphilitic or scrofulous.

Lupus: Nuclein locally may save the vitality of tissues ready to die from defective circulation or nerve force.

# AMONG THE BOOKS

*Abdominal Operations*, by B. G. A. Moynihan, M. S. (London), F. R. C. S., Leeds. Fully illustrated. Philadelphia and London, W. B. Saunders, 1905. \$7.00.

The success of laparotomies for various affections in the abdominal cavity depends much upon a thorough preparation of the patient as well as the surgeon's detailed acquaintance with the parts he has to deal with. And these operations are becoming more frequent as asepsis and antisepsis are better understood, the people becoming less timid of operations and physicians become more confident of themselves by reason of a more prevalent thoroughness in anatomy and physiology. In these circumstances such a detailed monograph as the one before us becomes of immense usefulness. Such details cannot be expected in general surgical manuals. This book deserves the commanding authority it has, and is bound to have more and more by reason of its being founded not on mere authority but on long actual experience.

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*The National Standard Dispensatory*. Containing the Natural History, Chemistry, Pharmacy, Actions and Uses of Medicines. Including those recognized in the Pharmacopeia of the U. S. (1905), Great Britain, Germany, and other European countries, as well as many remedies that have not yet found places in these authoritative books, but only more or less accepted by the medical profession. The editors are: Hobart Amory Hare, B. Sc., M. D., of Jefferson Med. College; Charles Caspari, Jr., Ph. G., Pharm. D.,

of Maryland University; Henry H. Rusby, M. D., of Columbia University; Joseph F. Geisler, Ph. C., Agricultural Chemist, New York state; Edward Kremers, Ph. D., University of Wisconsin; and Daniel Base, Ph. D., of the University of Maryland. These form a galaxy of learned and practical men in whom we may repose unwavering confidence. Whatever other books we may have on therapeutics in our libraries, we cannot dispense with this or some other equally good dispensatory, to which we can refer any question relating to remedies.

Published by Lea Brothers & Co., Philadelphia and New York. 1905. \$7.50. Cloth.

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*A Text-Book of Chemistry* for the Use of Students and Practitioners of Medicine, Dentistry, and Pharmacy, by William Russel Jones, M. D., Ph. G. Illustrated. Philadelphia, P. Blakiston's Son & Co., 1905. \$2.50

This book by a teacher of many years seems to keep the happy mean between too much and too little for both the student and physician, neither of whom have any too much time for extensively detailed study. The language is simple and clear and avoids technical terms without explanation.

We have just looked through the third volume of Dr. George M. Gould's *Biographic Clinics*. This is a continuation and further argument in favor of the author's extremely interesting and plausible theory, that many of the ailments of men of genius have been due to ocular

defects. In the preceding volumes of this series Dr. Gould has studied the lives of men like Darwin, Huxley, Browning, Spencer, in the light of this theory, and has found what he believed to be well-nigh incontestable evidence as to its accuracy. In this volume he takes the lives of John Addington Symonds and Taine, and treats them in the same way. Much of the volume, however, is given to answering criticisms and a further study of the influence of eyestrain upon ill-health.

Whether one agrees or not with the statements of Dr. Gould, he must be profoundly impressed by the strength of the arguments which he introduces. Like most special pleaders we believe that he is inclined to magnify the importance of his own specialty and to overlook the part played by other portions of the body. But we must agree, inevitably, that the eye may, and often does, produce general ill-health. The book is well worth reading by every general practitioner. Dr. Gould's style is fascinating: strong, cultivated—and pugnacious—but every one knows or should know the brilliant editor of *American Medicine*.

Published by P. Blakiston's Son & Co.  
Price \$1.00.

We are in receipt of the new eleventh edition of Hare's *Text-Book of Practical Therapeutics*. In other numbers of the CLINIC we have had occasion to repeatedly express our appreciation of this magnificent work—even though a little more recognition of the merits of some of the alkaloids would be keenly appreciated. The continued popularity of Dr. Hare's work is shown by the rapidity with which each new edition treads upon the heels of the preceding one. Eleven editions in

fifteen years is a record to be mightily proud of and one not to be attained without exceptional merit.

The present edition is brought into accord with the new Pharmacopeia. Its appearance has made necessary many alterations in the text and has given opportunity for many much-needed changes. A few more we should have been glad to see, such, for instance, as a more generous recognition of the superior merits of aconitine as compared with crude drug preparations. But on the whole we can give the book most hearty praise. Get it by all means. It is published by Lea Brothers & Company, Philadelphia, and is, as would be expected, thoroughly well made.

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*Carbonic Acid in Medicine*, by Dr. Achilles Rose, of New York, is an extremely valuable book upon a subject which is new to many of us. Every one knows what carbonic acid is, but that it has many applications in therapeutics and diagnosis is not so generally realized. Yet this remedy has been tried with varying success in chlorosis (or, as Dr. Rose calls it, chloriasis), asthma, emphysema, dysentery, whooping-cough, and many gynecological diseases and nervous disturbances. In the treatment of circulatory diseases, its efficiency has been definitely determined. It is an essential part of the Nauheim bath treatment. In diseases of the mucous membrane its value has been demonstrated by Dr. Rose himself, who has pointed out the fact that intractable cases of rectal fistula can be cured with it without resort to the knife. And at the other extremity it has been shown to be efficacious in rhinitis, and even in hay-fever. A remedy which

Lupus: For children, erythematous and possibly specific, calomel in doses of 1 to 4 grains has been recommended warmly.

Lupus: The use of nuclein hypodermically, up to half an ounce daily, has not been tried, but should be in the worst cases.



promises so much is certainly worth studying.

In addition there is a large amount of extremely interesting historical matter. The book is illustrated with photographs, of Van Helmont, Priestley, etc.

Published by Funk & Wagnall's Company, New York. Price, \$1.00.

Here is a book that bridges the years—some of them; for the writer remembers it as one of the books used during his medical course—Green's *Pathology and Morbid Anatomy*. But in its tenth edition it is quite a different work from the one we recall. It has been revised and enlarged by Dr. W. Cecil Bosanquet, author of the splendid little book on "Serums, Vaccines and Toxins," which was reviewed in these columns some months ago; this is the best of evidence that it is a thoroughly modern work. Many additions have been made to the text of the preceding addition, also a short chapter on "Autointoxications and Nutritional Diseases." In this chapter will be found a brief resume of current ideas concerning the influence of the retention of waste upon the body and the status of the internal secretions. We can heartily commend Green's work as a safe guide in matters pathological. The publishers are Lea Brothers & Co., Philadelphia, and the price of the book \$2.75.

*Operative Surgery for Students and Practitioners*, by John J. McGrath, M. D., of the New York Post-Graduate School, is now in its second edition and has been thoroughly revised and much new matter added. It has been especially enriched in the section of diseases of the

stomach and intestines, and in the surgery of the genitourinary organs. The illustrations, while helpful, are not always the best. The text is excellent, and the field is covered thoroughly enough to meet the usual demands of the general practitioner. The price, in cloth, is \$4.50.

Publishers, F. A. Davis Company, Philadelphia.

*A Treatise on Diagnostic Methods of Examination*, by Prof. H. Sahli, of the University of Berne, fourth edition, is edited with additions by Drs. J. P. Kinnicutt, and N. B. Potter. It is a most thorough and detailed book on the subject, in the original German, yet the American editors found need and room for additions. The index of forty-two pages renders the book of 966 pages still more valuable for the physician who can refer to it as to an encyclopedia of monographs.

Publishers, W. B. Saunders & Co., Philadelphia and London, 1905. \$7.50.

Another, not so much detailed, yet very practical and excellent work on the same subject is Dr. L. N. Boston's *Text-Book of Clinical Diagnosis by Laboratory Methods*, a book whose second edition was called for within a year after the first. The forte of the book is the accessibility it gives to the understanding of present "laboratory methods," with which the practitioner should at least be acquainted.

Published by W. B. Saunders & Co., Philadelphia and London, 1905. \$4.00.

In their Medical Epitome series, Lea Brothers & Co. have issued *A Manual of Medical Diagnosis for Students and*

Lupus: Zinc phosphide, gr. 1-6 four times a day, might successfully maintain the vitality of the affected tissues.

Lupus: The tissues die of starvation; try causing plethora by full doses of gold; if that fails, try platinum salts.

Practitioners, by Dr. A. W. Hollis, edited by Dr. V. C. Pedersen. There is a vast amount of old and new research condensed in this little volume, 1905. \$1.00.

A neat and convenient volume is, *A Manual of Chemistry, Inorganic and Organic, for the Use of Students of Medicine*, by Luff and Page, third edition, Chicago, W. T. Keener & Co., 1905. Price, \$1.75. We have known and valued this work for several years past.

From the same publishers we read, *Hygiene and Public Health*, by Drs. A. W. Lilegge and Geo. Newman, both English authors of authority. This convenient volume is a very useful resumé of what science demands now in the way of preventing disease from starting and spreading in localities, and what the Medical Health Officer has a right to insist upon. This new edition of 1905 is thoroughly up to date. \$1.75.

*Oral Surgery, a Text-Book of General Surgery, as Applied to Dentistry*, by Dr. S. LeR. McCurdy. Calumet Publishing Co., Pittsburg Pa. \$2.00. The book is well designed for the dentist in whose hands may come diseases outside of dental lesions, of which, however, he must not be ignorant, and thus neglect them.

*New Methods in Medical Practice*, by R. C. Bayly, A. M., M. D., is 6 1-2x9 1-2 inches, printed on very thick paper, containing 77 pages, and the author's picture. It advocates suggestion, and most of a'll positive assertion.

The book may be had for one dollar,

**Lymphangitis:** Quinine, brucine, salicin, iron, digitalin, advised as antiseptics; calcium sulphide worth the bunch.

postpaid, from the author at Decatur, Ill.

*Saunders' Medical Hand-Atlases* has now the addition of *Atlas and Epitome of Diseases of the Skin*, by Prof. Dr. Franz Weirick, of Vienna. Edited with additions by Henry W. Stelwagon, M. D., of Jefferson Medical College.

This atlas is an enlarged and revised edition and is published, both in Europe and in this country. The pictorial work is of the same excellency as the rest of Lehman's "*Medicinishe Handatlanten*," which have acquired such an enviable acceptance from the medical profession. Weirick is always a careful writer and painstaking practical teacher, and he shows it in this atlas. Our own Stelwagon, too, is a safe guide to follow in the often mazy paths of dermatoses.

Publishers, W. B. Saunders & Co., Philadelphia and London, 1905. Cloth, \$4.00.

*Practical Massage in Twenty Lessons*, by Hartwig Nissen, with 46 illustrations, is a small book not difficult to master, and important for every physician who is not willing to be bluffed by those who give to this therapeutic means a different name, and descant against drugs.

Publishers, F. A. Davis Co., Philadelphia, 1905. \$1.00.

Dr. A. A. Stevens' *Manual of the Practice of Medicine*, seventh edition, revised and illustrated, is a very handy volume to keep near one's side to remind us of many old and new things important to remember in practice.

Published by W. B. Saunders & Co., Philadelphia and London, 1905. \$2.50.

**Lymphangitis:** Dissipate hyperemia by full doses of stillingin or phytolaccin; stop suppuration with sulphides.

# CONDENSED QUERIES ANSWERED

## QUERIES.

QUERY 4879:—"Pelvic Abscess." Mrs. M., age thirty-five years, had five children and one miscarriage. Patient states that eight years ago she was confined to bed for six weeks with inflammation of bowel for about one year or more. Then after this attack, she passed pus by the bowel for about one year or more. Then it returned about two years ago. Her symptoms are as follows: In the morning her bowel moves twice, and the passages seem natural, but about one-half hour afterward she will have cramp-like pains, in the left hypochondriac region, which seem more severe, and will pass nothing but pus. She is very tender in this region, often sick at the stomach but never vomits. I may state that this pus does not pass every day but every two or three days.

I have examined per rectum and vaginam, but find only displaced uterus, no discharge, and periods regular, pulse and temperature same. It seems to me like an old abscess cavity that takes a day or two to fill up and then discharges, but where is it?

E. P. N., Pennsylvania.

There is, unquestionably, a pocket which fills up with pus and it is hard to say just where it is located. Careful palpation, per vaginam, and rectum, together with deep pressure over the abdominal walls should, however, throw some light on the matter. It has to be found sooner or later. This is a case for high enemata of astringent antiseptic solutions, and we would be inclined to use the sigmoidoscope. Now about the urine, is it free from pus? What quantity of pus does she pass at a time, and what is her general physical condition otherwise? This is a case for calcium sulphide, nuclein and arsenates with sulphur

compound after a course of eliminants. Surgical interference may and probably will be necessary.—ED.

QUERY 4880:—"Did the Carbolic Acid Cause Gangrene?" A lady presented herself for treatment with an abscess between the fourth and fifth metatarsal bones of the left foot, of about two or three months' standing. Upon examination, I found the abscess had opened spontaneously and was discharging a small amount of greenish pus. The condition was quite painful, and I suspected a necrosis of bone tissue. The muscular tissue was necrosed and sloughing to a small extent. I cleaned out the wound with hydrogen peroxide and packed with iodoform gauze. I repeated this treatment for a few days without any result. I then suggested to the patient that a curettement would be the proper thing to do, but she refused to consent to this. I then swabbed out the wound with full strength carbolic acid and packed with iodoform gauze. The next day I repeated this treatment, merely moistening the cotton with the acid and making one sweep of the whole wound. She left me and went to another physician who told her I had caused "gangrene to develop" by using carbolic acid. Did I do right or wrong?

W. S. Y., Pennsylvania.

Excuse us from giving a definite opinion without more thorough knowledge of the matter. Iodoform gauze should rarely follow carbolic acid but the use of carbolic acid requires certain precautions; for instance, the 95-per cent acid alone should be used, applied to the necrotic or diseased area, allowed to remain in contact therewith for from thirty seconds to two minutes, and then it

should be neutralized by the application of alcohol, the wound dried and dressed—very rarely with an iodoform preparation. Campho-phenol, boric acid, ichthyol and various other dressings are infinitely preferable. If the surface of this wound was in an absorptive condition and considerable acid was expressed from the cotton and remained in the cavity, quite serious local necrosis might have resulted. Very dilute solutions of carbolic acid have caused gangrene. You would find, in a case of this kind, Doctor, the use of turpentine pure (Merck) infinitely preferable. It may be applied freely and a piece of gauze saturated with turpentine may be placed in the cavity with the result that in two days—three at the most—pus ceases to form, granulations present and healing commences.

We have a poor opinion of the physician who deliberately told the patient that you "had caused gangrene," as it is quite open to question whether this was the case or not. Such an abscess in such a location is a dangerous lesion. Do not forget the turpentine, and if you *do* use carbolic acid again, Doctor, do not forget to neutralize with alcohol.—Ed.

QUERY 4881:—"Epilepsy in Child of Three." My brother has a child, a boy aged three years, who is subject to slight spasms at the rate of three or four a day. The child is bright and energetic, and with the exception of loss of appetite is otherwise healthy. These spasms come upon him either just before or during meal time, and sometimes just before bed time. The duration is very short, lasting perhaps about one-half minute, or sometimes just long enough to sit down and get up again; if he is sitting in a chair he is likely to fall out. There is a short period following the seizure lasting perhaps half a minute during which

the child appears dazed, but immediately collects himself and goes on as if nothing had happened.

He has been to five different physicians, and the varieties of diagnosis have been about the same in number. I write this to you to ask if you will not try to shed some light on the subject. One condition you may eliminate, is that of phimosis, as the child's organ is in perfect condition.

J. A. X., New York.

We must ask you for further details before we can attempt to diagnose the case. This may be and probably is true *petit mal*, or it may be merely a manifestation of worms or indigestion. Is there any eye-abnormality or change in the reflexes? History? Has the child adenoids, or is there a strumous diathesis? Elimination? Does he eat well, play naturally, sleep soundly? Any grinding of teeth? Picking of nose? Night terrors? Tongue? Perspire easily, or is skin dry? How about his birth—was it tedious or instrumental? Give us all these facts, and anything that may strike you as of interest—see, too, if he has constriction of the sphincter ani with constipation.

NOTE:—This case, upon further investigation proved to be epilepsy—*petit mal* type. Progress under treatment will be reported.—Ed.

QUERY 4882:—"Convulsive Seizure." Lady, 52 years old, has suffered for four years with pains shooting through the body; at one time in side, next time in back, then under shoulders, and so on in a very irregular manner. Almost every day she has a seizure, face being rigid (no twitching), violent grinding of the teeth, and partially unconscious. Bowel constipated, appetite unimpaired, no headaches. Are those seizures hysteric or epileptic? What treatment?

G. A. B., Texas.

Lymphangitis: Stop autotoxemia by clearing the bowel and disinfecting thoroughly; then apply specific remedies until effect.

Lymphangitis: Calcium iodized and sulphide make a strong combination, stopping inflammation and microbic action very promptly.

Our Platform: The Smallest Possible Quantity of the Best Obtainable Means to Produce a  
Desired Therapeutic Result.

DR-W-C-ABBOTT

333/  
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THE

CENTRAL DRUG  
UNIV. OF AMERICA  
DEC 11 1905

# ALKALOIDAL CLINIC

VOL. 12.

DECEMBER, 1905.

NO. 12.

## Nothing Lost But Dollars.

Swept by a whirlwind of fire, Thursday, November 9th, a few short hours saw the beautiful home of the Clinic reduced to a chaos of smoking ruins. Everything connected with the publication, except willing hearts, the subscription list, and financial records, was lost--type-setting machines, printing and binding machinery, books, plates, the December Clinic which was already in type, carloads of paper--in fact, everything excepting the indomitable spirit that supplies energy for the enterprise.

But after all, that is something! The thousands of dollars swept out of reach can and will be regathered. The Clinic still lives. Not only so, but from her ashes she rises on stronger pinions, which, animated with renewed energy, will sustain her in a loftier flight.

Strong in our confidence that you who have so loyally backed us in the past will not now be found wanting, from the still smoking ruins of our old home we present our consummated plans for the new year, plans for a wider scope, ready to hold all we have won and to extend our energy into every other field open to medical journalism.

Brother, come to our help. We want subscribers, old ones renewed and new ones galore. Let every man with whom the CLINIC stands for something his heart approves come now with his own subscription and one for a friend. New departments, increased editorial strength and all possible help for the doctor is assured.

For subscription form, premiums for new subscribers and all essential data see page 68.

Drs. ABBOTT and WAUGH.

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A MONTHLY JOURNAL

DEVOTED TO ACCURACY IN THERAPEUTICS AND SURGERY WITH PRACTICAL SUGGESTIONS RELATIVE TO THE CLINICAL APPLICATION OF THE SAME

Entered at the Chicago Post Office as second-class matter.

EDITORIAL STAFF:

DR. W. C. ABBOTT:

DR. W. F. WAUGH:

DR. A. S. BURDICK

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## CONTENTS

### LEADING ARTICLES

The Relation of Alkaloids to Galenics. WAUGH. 1199	The Importance of the High Enema. CANDLEE 1218
The Drugless Treatment and Cure of Constipation. JUETTNER 1203	Shall Wholesale Poisoning be Sanctioned? A Reply. ECCLES 1221
Intestinal (External) and Internal (or Cellular) Antisepsis. ABBOTT 1208	The Excision Operation for Varicocele in the Office of the Surgeon Under the Influence of Infiltration Anesthesia. MILLER 1229
Scarlet Fever, Measles, Diphtheria and Smallpox. PILLEY 1214	

### EDITORIAL CHAT

Fire Totally Destroys the Plant of The Clinic Publishing Company 1233	A Bad New Pill 1243
The Kentucky Valley Medical Association 1234	Stand by Our Allies 1243
Picrotoxin 1235	A Hunter's Case 1244
A Word With Our Critics 1236	Strychnine as an Emetic 1246
Simmons of the Journal 1239	Medical Treatment of Gallstones 1247
The Importance of the Underlying Condition 1239	Grouping Medicines 1248
Support Your Home Journal 1241	Important Notice Regarding HOW TO LIVE 1249
The New Pharmacopeia 1242	Shall We Give Drugs in Solution? 1250

### FOREIGN GLEANINGS

What Alkaloids Are 1251	Table Salt a Cause of Nephritis 1253
Open Treatment of Cataract Operation 1252	Influence of Artificial Aniline-Colors On the Eye 1253
Skipping Mydriasis 1252	Mastitis 1254
Renal Extract in the Treatment of Nephritis 1252	Antiflatulent Pills 1254
Secretion of Intestinal Mucus 1252	Antitussin Salve for Whooping-Cough 1254

### MISCELLANEOUS

Cauphophyllin vs. Morphine in Rigid Os 1255	Quinine in Pneumonia 1274
A Microscopic Battle 1256	The Out-Door Treatment of Consumption 1275
Apocynum in Dropsy 1257	Hasty Diagnosis 1276
Irritable Bladder 1257	Appendicitis; Cases of Mistaken Diagnosis 1278
Learning Fast 1258	Strychnine 1280
Anemonin 1258	Toxemia and Old Age 1281
The Injection Treatment of Hernia 1259	A "Depleting" Formula for the Gynecologist 1281
Just What One Man Has Done 1259	Echinacea and Thuja in Cancer 1282
Massage in Forced Feeding 1260	In Love With Calcium Iodized 1282
Scopolamine—Morphine Anesthesia 1262	A Home in Florida 1283
Can You Beat It 1263	Sodium Glycocholate in Diseases of the Liver 1283
Iodine: Iodized Lime—Calx Iodata 1264	Disgusting Drugs 1284
Diseases of the Skin and Their Treatment 1265	We'll Keep Up the Footnotes 1285
Iodine in Tuberculosis 1269	Salvation Army Work for the Tuberculous 1286
Think in Alkaloids 1269	Dietetic Treatment of Constipation 1287
Syphilis of Ten Years' Duration 1270	Digitalis and Its Active Principles 1288
Some Advice as to How to Treat Our Critics 1272	
We Collar the Dollar 1273	AMONG THE BOOKS 1289
Whisky in Collapse 1273	QUERIES 1293

**NOTE:**—Owing to the delay, occasioned by our fire, the index for 1905 is omitted. If you wish one, drop a line and say so, and if enough express this desire to justify, it will be produced. The reclassified volumes of American Alkalometry serve the purpose much better than to rebind. Two years in each volume \$2.00. Description and Combination Offers sent on request.

### JANUARY LEADERS

The Outlook: A Call to Labor 1294	W. F. Waugh
Shall the Specialist Pay a Commission? 1295	Emory Lanphear
The Action of Digitalin 1296	W. C. Abbott
How We Do It in Bourbon County 1297	W. C. Usery
Pharmacology of Antipyretics 1298	A. L. Muirhead
Acid States in Surgical and Other Traumatisms 1299	G. F. Butler
Tuberculosis: A Clinical Study 1300	Wm. Porter
Fanaticisms, Frauds, Fools and Fads 1301	Y. L. Abernethy

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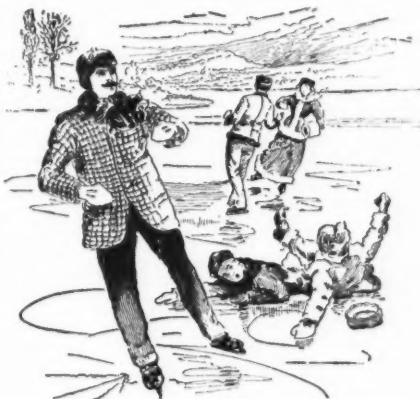
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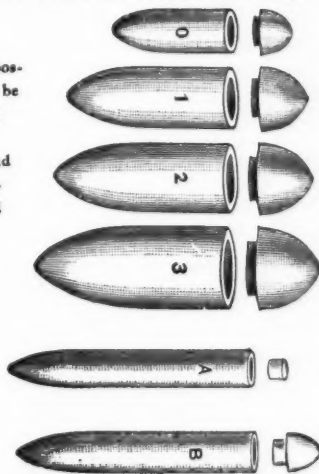
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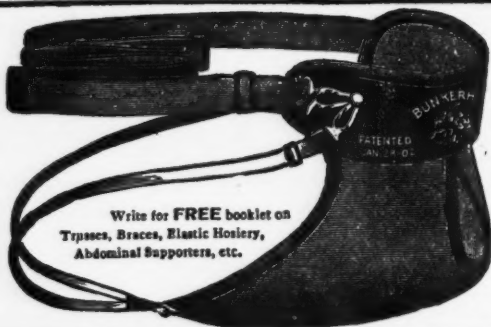
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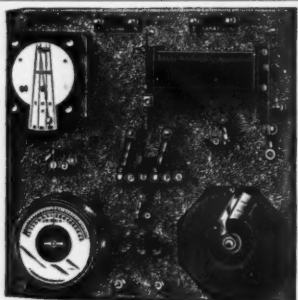
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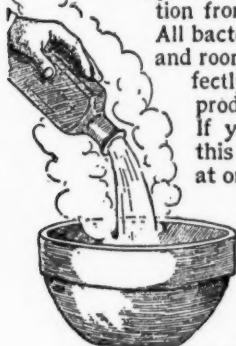
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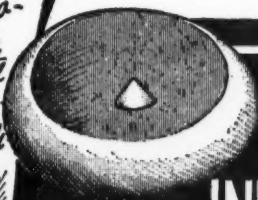
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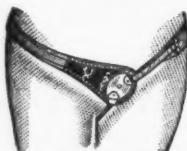
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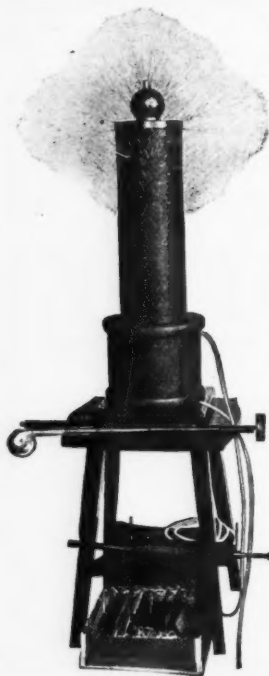
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| (From Natural Wintergreen Oil.) |           |
| Magnesi Sulphas.....            | 50 grains |
| Lithii Benzoeas.....            | 5 grains  |
| Tinctura Nucis Vomica.....      | 6 minims  |

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*The original paper "A New Remedy and a Cure for Migraine," by \_\_\_\_\_ M. D., mailed upon request.*

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and  
In CONVALESCENCE after  
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This may be hystero-epilepsy. On the other hand, the condition may be due to some gastric disorder, the presence of parasites in the intestine, some disorder of the nerves or degeneration of the cord. Make a very careful examination. Note the reflexes, superficial and deep, take the pulse (right and left radial), examine the heart for displacement, hypertrophy, etc., palpate the liver and send a specimen of urine to our laboratory for analysis. Send full four ounces from the entire amount passed in twenty-four hours, stating amount passed. Note digestive conditions and time of seizure as regards ingestion of food. If you will give us these particulars we shall probably be able to help you. In the meantime we suggest that you give a course of eliminants: the sulphocarbolates, papayotin compound, containing papayotin, strychnine arsenate, capsicin and emetine, two after each meal and a small dose of hyoscyamine with camphor monobromide (one grain) and scutellarin three granules, every three hours. To cure the case, the cause must be discovered.—Ed.

QUERY 4883:—"Varicose Ulcer of Leg." Please describe to me, as near as possible, how I can diagnose a varicose ulcer. I have a case in a woman, 62 years old, of eighteen years' duration. It came and went under treatment, but returned larger each time. Now for one year it has been about the size of a half-dollar, on the inside of the ankle. No prominent veins around ulcer, but on the outer side of the foot and leg, they appear rather distended. Leg has swelled but bandaging with roller bandage and applying pure phenol and then bovine has reduced it. Still veins are somewhat distended. Now she says this distension came when she had a baby, twenty years ago. She is a colored woman, and I think

all right. I cannot get any granulations. Tried  $H_2O_2$ , with turpentine, with no results. Now with bovine. None yet. Please be good enough to give me treatment and describe varicose ulcer, as I never saw one.

W. S. W., Georgia.

A "varicose ulcer" is an ulcer complicated by, or caused by, varicose veins. If varicosities do not exist in the neighborhood of the lesion it cannot be a varicose ulcer. These ulcers are usually oval, round, or irregular in outline; the edges are thick, everted and swollen. They are usually seen about the inner malleolus. The edges are not undermined and the tissue pits on pressure. The floor is covered with large granulations which bleed freely on being touched. Destruction of tissue often begins at the edge of a congested area, advancing to the center. To cure you must favor return of blood to the part—lessen congestion. Posture, pressure and circulatory equalizers are called for. The elastic bandage is useful. Keep the part clean, loosen up the edges, and, as soon as you have circulation re-established, apply bovine on iodoform gauze and put a skin graft or two in the center of the lesion. Cover with perforated rubber tissue and, over this, gauze soaked with bovine. Then apply a snug bandage. Nuclein solution will also stimulate granulation.—Ed.

QUERY 4884:—"Use of the Trinity." Now and then you recommend aconitine, digitalin, and strychnine, the "dosimetric trinity" at night, or night and morning. I am not sure that I fully comprehend the reason for this practice. Will you kindly give the rationale fully in the CLINIC. It probably would interest others of your readers as well as me.

R. P., Illinois.

You will find the "trinity" recommend-

Lymphangitis: Cover the inflamed vessels with mercurial ointment, and push calcium iodized to the limit rapidly.

Lymphangitis: Add iodoform for pains, iron iodide for anemia, arsenic iodide to sustain heart, stillingia to eliminate debris.

ed night and morning, or morning, noon and night in cases where the circulation is unequal or sluggish. Burggraave considered this combination the most powerful equalizer of the circulation extant and believed it to be *the* great remedy for aged people. Try this formula in cases where you have circulatory disturbances, due to senility, change in the vessel walls, weak heart action, and so forth, and note the improvement. The physiological action of each drug is so well understood that further explanation is needless.—Ed.

QUERY 4885:—"Ptosis of Obscure Origin." Baker, 29 years of age. At one time suffered from gonorrhea, was treated by me and discharged cured; remained well for about six months. He contracted rheumatism which kept him in bed for about three months, was also relieved. That was in December last year. Since then he was apparently well and went about his business as usual, up to a few months ago. He began to feel trouble in keeping his eyes open, and had to throw his head back to see a little. At present he has no pains; appetite is fair, sleeps soundly, bowels active, numbness or partial paralysis of lower limbs. I have been giving him strychnine and iodide of potash t. i. d. and the electric battery; also friction to the lower limbs, but he does not improve much under my treatment. Who can suggest something that will help him? The case is again in my hands and I ask cooperation of the Clinic family.

L. C. R., Nicaragua, C. A.

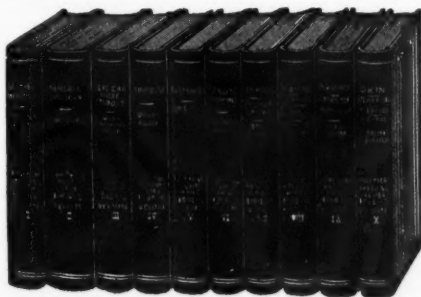
"Ptosis" may of course be caused by many diseases of the nerves, brain or cord. The gonorrheal toxemia may have been more general than you imagine and the "rheumatism" a manifestation of the condition. It is very often due to syphilis. The numbness of the legs is, with the ptosis, a suspicious sign and may

mean degenerative processes in the cord. Examine the reflexes; test the eyes carefully and look for areas of hyperesthesia or anesthesia. Examine for trophic changes, tremors, vasomotor changes. Describe facies, gait, pulse, temperature, respiration; test tactile, temperature, and pain sense. If you will do this and tell us the result we may be able to serve you. Is intellect unimpaired? Is the speech natural? Has the character changed? Is the man nervous, irritable, or morose? All these things bear on the subject. In the meantime we advise elimination, improved nutrition, and the free use of nuclein, the triple arsenates, lecithin, in small doses, and iodine. Avenin and scutellarin may serve you well.—Ed.

QUERY 4886:—"Traumatism Affecting the Cord." I have a case now I would like some advice about: A man about forty-five years of age, fell from a wagon, lighting on his neck and shoulders on the hard ground. I found him lying in bed perfectly helpless except his head; he could not move hand nor foot, but was complaining of great pain and tingling in the extremities. I examined him carefully, found no breaks, and only one little bruise, that was to the right of the lumbar region. I don't think it amounted to anything. I worked with the man all night, and before morning he could use his limbs a little, but said it was almost death to move them or to be touched. This happened about two weeks ago. He now has fair use of the lower limbs and without pain, but can't bear to have his hands touched. Says they feel as if they would burst open. Now, what is it, and what can be done? I said at first, concussion or congestion of the cord; I think now the latter. I have given him gelseminine, hyoscine, bromides, etc., but nothing seems to ease the pain which comes in paroxysms. Now, again, what is it, what

Lymphangitis. For acutely inflammatory, febrile forms give veratrine, gr. 1-134 every hour till nausea or relaxation.

Lymphangitis: Keep up some form of iodine medication till all the debris has been carried away; also stilling.



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Not a book of facts but contains only such directions and information as you would like your obstetrical patients to have. Quoting from the author's introduction:

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can be done? Will he get well, and how long will it take?

J. F. W., Illinois.

The condition is due entirely to injury of the cord. There may be some luxation of the vertebra and forced extension of body, the pull being made on head and legs, might remedy conditions, and yet it is a dangerous thing to do unless you are very sure of your anatomy and the seat of luxation. In some cases you can find absolutely no lesion, but the shock has been sufficient to set up congestion or infiltration of the contents of the spinal canal. Be very careful in your examination, and go over the spine from the base of skull to the coccyx and look for the slightest abnormality in the processes, or tenderness. We suggest flying blisters, the size of a quarter applied every other day at intervals of two inches over the base of brain to lumbar vertebra. Internal medication can do very little, although you can give calx iodata (or other form of iodine) to advantage and small doses of strychnine and phosphorus compound, with gelsemin, on general principles. Keep the bowels open and aseptic. This is one of those cases in which a man needs to be positive of his anatomy and also feels the need of eyes in his finger tips. We do not think you can give a very good prognosis in this case, that is, as regards the cure, and it is just possible that the cord may be so affected that sudden death might occur at any time upon exertion or shock. Be guarded in your statements.—Ed.

—  
QUERY 4887:—"Hernia." How would you treat inguinal hernia, in male infant, five weeks old?

Malaria. Iron, quinine and strychnine arsenates with nuclein prophylactic, blood restorers, spleen reducers; fullest doses.

2. "Paste." Please state how glycerinized paste is prepared?

3. "Aplopappin." Where can aplopappin be obtained? I understand it is very useful to aid in expelling the placenta.

4. "Deafness." Around here there are many partially deaf people, somewhat advanced in years, in some cases three or four in a family. They become partially deaf at about 35 years of age, in most cases, without any perceptible reason. After about 45 or 50 years of age the defect has reached its height. Several of them have more than ordinary musical talent. Can anything be done for them? I do not think it can be athetoma, as many of them have no noises in head, and most of them appear long-lived. I never saw anything in the books that at all corresponds to their case.

5. "Soap." Is soap injurious to skin of face? If so, why? If not, what form of soap should be used?

6. "Emmenagogues." Should potass. permanagate ever be given without a pelvic examination for pregnancy? Would gr. 1-4 every two hours, while awake, for 12 doses, be dangerous if patient is pregnant? Are ordinary pills containing aloes dangerous during pregnancy?

7. "Empyema." Give technique of removing piece of rib for empyema, especially, as it concerns vessels.

S. E., Canada.

1. Inguinal hernia in a boy of five weeks old: There is only one way to treat it, and that is by a truss. A hank of yarn, properly arranged, and held in place by a figure of eight bandage does nicely.

2. Glycerinized paste is a mixture of clay (kaolin) and glycerin with antiseptics. We know of no formula, but there are good preparations on the market.

3. Aplopappin was advertised by a firm one or two years ago, but seems to have dropped out of sight. Possibly you can obtain the fluid extract from one of the pharmaceutical houses, like Parke,

Malaria: Hydrastine, strychnine, brucine, ergotin, agaricin, each in full doses, contracts the spleen, forcing out plasmodia.



Davis & Co., and this is the only preparation on the general market.

4. Get Prof. Bishop's book on Ear Diseases and study it carefully. You might empirically try giving full doses of pilocarpine—enough to cause sweating—every night for a week. Look into the ear and see if it is not blocked up.

5. Coarse soap, rich in alkali, will roughen the skin by removing the partially dead epidermis, uncovering the light sensitive scales. Neutral soap should be used, and this should be washed off with plain water. The best soap the writer every found was made by Campion, in Philadelphia, and is known as Althene skin soap.

6. Your question as to permanganate I am unable to answer. I have never given any remedy for amenorrhea without first being sure that pregnancy was not present, nor would I care to do so on the word of anybody as to the safety of the remedy in pregnancy. Bartholow stated that apiol was safe, even in pregnancy, which statement is now universally admitted to be a mistake. Aloes is always dangerous during pregnancy.

7. The question in regard to empyema I will also leave to our readers. Too little space here.—Ed.

—  
 QUERY 4488:—"Lumbar Abscesses"  
 Young man, twenty-eight years of age, health good up to six years ago, at which time he began to suffer with pains in back and under shoulder blade, followed with pain in small of back and extending down the leg. The physician in attendance pronounced it "sciatic rheumatism" and advised baths. After taking two baths a day at a sanitarium, he returned home apparently much improved, but it was not long until the old trouble returned. Two years ago a tumor de-

veloped on his back immediately over the left kidney. When it had grown to the size of a goose egg it came to a head and was lanced, discharging a great deal of pus. (It was about two months in developing.) It continued to run for six or seven months, and before it finally healed another developed over the right kidney. After considerable trouble both were finally healed. Last spring three others developed on the right hip, and after breaking refused to heal, and have continued to discharge pus ever since.

He has constant pain in back and around the waist, extending down into the left groin, and down the sciatic nerve to the foot. Continual pain in the left hip-joint, bowels bloated and sore, is constipated, and troubled some nights with polyuria. Often the urine is highly colored, but at other times it is very pale. He has fallen off from one hundred and forty to one hundred and twenty pounds. Has from a degree to one and one-half degrees of fever. For the past two weeks he has been using hot enemata, and there is a slight improvement in his condition.

F. P. B., Indiana.

Our remedies for such cases comprise the sulphides, echinacea, and nuclein to combat the infectious principles; the arsenates, chalybeates, and nuclein to reinforce vitality; and careful regulation of the personal and domestic hygiene, so as to give all possible aid to the powers that make for life and restoration of health to the affected tissues.—Ed.

—  
 QUERY 4889:—"Impetigo Contagiosa."  
 I wish to call on you and the readers of your valuable journal for treatment of impetigo contagiosa.

O. F. W., Indiana.

Impetigo contagiosa is usually speedily cured by cleanliness and the local application of an ointment of ammoniated mercury, 5 to 15 grains to the ounce. Bismuth, one dram to the ounce of cold cream or vaseline, is also used with suc-

Malaria: The best remedy for enlarged spleen is berberine; give from one gr. up, till the desired effect is obtained, if it takes gr. 20.

Malaria: Iodine and phenol—calcium iodized and sulphocarbolate—effectively destroy plasmodia and contract spleens.



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**NEW YORK**

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cess. The writer soaks the crusts with olive oil till they can be removed by scraping with a paper knife or by cutting the hair below. On the skin of the face hot water will be sufficient to remove them. Sponge thoroughly with a 1 to 4000 corrosive sublimate solution; dry, and then continuously apply the ointment. Internally tonics and alteratives are indicated. Give as a preliminary step, calomel, gr. 1-6; podophyllin, gr. 1-67, every hour for six doses; two hours after the last dose give a saline draught, and when the bowels have been thoroughly emptied, exhibit calcium sulphide, gr. 1-6, every two hours for three days. Small doses of strychnine arsenate, gr. 1-134, with rumicin and chimaphilin (two granules of each), may be given between meals or the sulphur comp. granule, two, after meals. Sulphur is especially indicated in this disease and the podophyllin, collinsonin and hydrastin present in the formula are all called for. If the latter granule is used, the strychnine present is sufficient and should not be exhibited with the rumicin, etc., before eating. Of late, the writer has found the addition of ichthyol (or carbenzol) to the mercury advantageous. One dram may be added to the ounce of equal parts lanoline and vaseline or dehydrated lard and then ten grains of ammoniated mercury added.

In some stubborn cases, where the crusts are very thick and extensive, resorcin, ten grains, may be added to four ounces of expressed oil of almonds and applied till softening takes place. The spores are destroyed more thoroughly, it seems, and the subsequent treatment is more rapidly curative.—Ed.

—  
QUERY 4890:—"Dosage and Action of

Lumbago: Rhus tox for subacute, tendinous and muscular pains, worse at night; a granule every hour till bladder is irritated.

Hyoscyamine." I note that one of the *calmative granules for children* contains 1-500 gr. hyoscyamine amorphous, and I have been carrying hyoscyamine, gr. 1-250, for some time, but always with an indefinite idea of how much could safely be given in case the desired effect was not produced by a few doses. How much could safely be given a year old child, if a few doses did not produce the desired effect? Also does it prevent micturition as atropine does, so that I would have to be on the lookout for such an effect? In my books I do not find amorphous hyoscyamine mentioned but once, and then no dose is mentioned; neither do any of them mention whether the drug hyoscyamus prevents micturition like atropine or not.

E. S. A., Wisconsin.

Gr. 1-500 of hyoscyamine amorphous is a small dose for an adult, but a safe medium dose for children, who bear it well. Hyoscyamine is a drug which produces prompt effect as a rule, and if you have the *Alkaloidal Therapeutics*, the new work on active-principles, issued by us, you will find its action fully described. Shaller, also in his "Guide" deals with this remedy satisfactorily. Hyoscyamine amorphous is given in doses of from 1-250 to 1-67 grain hourly "to effect," the symptoms of sufficiency being those of atropine. Hyoscyamine, alkaloidal, is much stronger and should be given in dosage of 1-500 to 1-120 of a grain usually; to quiet the insane and as a hypnotic, 1-120 to 1-30 may be given, though it has been given in doses as high as 1-4 of a grain—only to maniacal patients, however. Hyoscyamine amorphous is a brown syrupy liquid; hyoscyamine the *alkaloid*, is a white silky crystal. Children take larger doses of the hyoscyamine proportionately than adults; 1-500 of a grain is given to new born infants

Macrotin is one of the best remedies for chronic lumbago: a grain three to seven times a day, in hot water always.

by many practitioners. We would cut this dose in two, however, but, after a year, would not hesitate to give gr. 1-500 every thirty minutes for three or four doses, or "until effect, remedial or physiological." While hyoscyamine has a distinctive effect upon the urinary tract, it is not so likely to cause diminution in the urinary flow, neither does it dry up the secretions so pronouncedly as does atropine.

In using the calmative for children granule, you may safely consider anything under five granules in the course of a few hours safe dosage, and you need not fear any stoppage of urine. The combination of drugs in this formula will bear study, and it is the combined effect which is so beneficial. If you do not get the effect you desire from three to four doses of the "calmative" in an infant or child, it will be well to change your remedy unless, of course, the physiological effects of hyoscyamine were not apparent. Always give this granule dissolved in a little hot sweetened water and look for effect in less than thirty minutes.—ED.

QUERY 4891:—"Adenitis Following Scarlet Fever." If you are tolerably sure that calx iodata will cure the adenitis following scarlet fever, I want to use it. Will you tell me how to use it?

C. C. S., Nebraska.

Adenitis following scarlet fever will usually yield to calx iodata, with phytolaccin and nuclein: One tablet of the first, two of phytolaccin, and four drops of nuclein every three hours. After each meal we prefer to give two to three of the sulphur compound granules and one of arsenic iodide. Locally use ichthyol, one dram; lanoline and vaseline, of each one ounce, rubbed in thoroughly twice daily.—ED.

Lumbago: Veratrine for acute febrile, supervening suddenly, with severe inflammation; gr. 1-134 every hour till nausea.

QUERY 4892:—"General Debility With Autotoxemia." Autotoxemia alone or neurasthenia? For a number of years the patient has been in ill health; it first showed itself in a "bilious attack," and the autotoxemia usually resulting. There have been improvements, and then relapses. The chief trouble now is autotoxemia—gastrointestinal indigestion. He has had trouble with starches, yeast bread, rice, potatoes, etc.; also with milk, cream, acid fruits, and sugar. Sleeps well, splendid appetite, eats slowly. Has languid feeling, disinclination to both mental and physical exertion, yet forces himself to do what is at hand. With this is the "blues"—morbid thoughts of an anxious nature, as so well described in T. Landor Brunton's work, i. e., "anxiety lest something will happen to him;" dislikes to travel, etc. Whenever the autotoxemia lessens other symptoms improve. By will-power he endeavors to get rid of the morbid mental symptoms. He is convinced he will get well, if only once he can get into the suitable path to health, i. e., could stop all the indigestion with the resulting malnutrition. Owing to the morbid sensations there is a tendency to self-consciousness. He has tried hydrotherapy, a sojourn at the seashore; has used calomel in repeated doses, phosphorus compounds, nux and arsenic, mineral waters, the sulphocarbolates, anticonstipation granules, pancreatin, ox bile, etc., etc. Can you offer any positive, concise directions or suggestions that will effect a permanent cure?

A. B. G., Ohio.

This case is most certainly one of general debility, autotoxemia, and hepatic torpidity. That there may be some definite lesion or organic disease, is, of course, possible, but we believe that if you will clean up, keep clean and stimulate assimilation and the metabolic processes you will soon have a different man. Put him on this treatment for two weeks,

Lumbago: Aconitine for acute cases, severe, sudden, with fever and inflammation, when veratrine is not needed as eliminant.



*Sodium salt of the sulphonic acid of a synthetic sulpho oil, containing 10 per cent. sulphur organically combined.*

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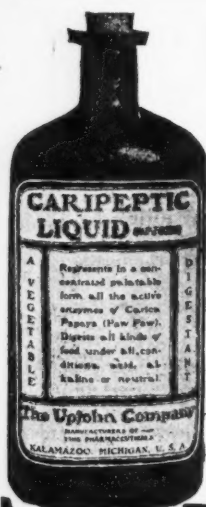
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**CLINICAL  
RESULTS  
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then examine him minutely; take a four-ounce specimen of urine from the twenty-four hours output, stating amount, and send this and findings to us for further suggestion. Give calomel and leptandrin, gr. 1-6, each, every hour from 6 to 10 p. m. Next morning early give one teaspoonful of magnesium sulphate in glass of *hot water*. Just before each meal give a granule of nux and capsium and one of quassin, and, *immediately* after food papayotin compound, one, rhein, one. One hour later one tablet of the sulphocarbulates crushed, and with water. Repeat the mercury every third night; the saline daily. This will "clean up things," stimulate the emunctories, and cause assimilation of food. Feed liberally but with care. Keep him in open air and have him take a bath every day (salt with brisk rub-down after it). A little nutritious food often is better than a lot of poorly-selected material three times daily.—Ed.

—  
 QUERY 4893:—"Hysteria of Toxemic Origin; Reflex Spasm." What is the following, and what treatment do you suggest? Woman of forty-seven, highly organized and sensitive. Has "gasping spells," mostly at night; wakes up struggling for breath; says it is just as if her breath were slipping away; does not feel as if throat was closing up, simply breath seems to leave her. Sometimes she will have a sensation in throat (before attacks), as if something was prickling down her throat; that is the best description she can give. With these attacks of loss of breath there is no pain of any kind.

First thought it might be due to her heart, but during attacks her heart does not bother her at all. Do you think they are nervous spasms of some kind? Advise treatment. Occasionally she feels

them coming on during the day, but can throw them off. The night attacks frighten her. Having been giving her lecithin for a long time. This woman generates lots of gas in the intestines.

N. M. K., New Jersey.

This is probably a case of hysteria due to malassimilation with, perhaps, reflex spasm, diaphragmatic and laryngeal. The best thing to do is to promptly set up a clean and clear condition of the intestinal tract, improve digestion, and give sedatives and tonics. Make a thorough examination in the meantime, looking for areas of irritation which might set up a reflex condition. You will find, in a case of this kind, aloin, atropine and cascara compound at night with a saline the next morning effective. Give also cypripedin and, scutellarin, three granules of each, strychnine valerianate, one granule, three times daily. Juglandin and quassin may be taken before meals, and one hour after each meal—for the first week—give ten grains of the sulphocarbulates crushed and followed with a drink of water. Just before going to bed give cactin two and avenin three with a wine-glass of hot water. Thus you will eliminate, stimulate assimilation, tone the gastric mucosa, increase glandular activity, feed the nerves, destroy toxins and equalize circulation and innervation: a "positive treatment" for the underlying conditions which produce the symptoms described.—Ed.

—  
 QUERY 4894:—"Precocious Menstruation." I was called to see a girl five years of age suffering from a septic alimentary canal, which yielded readily to the intestinal antiseptic and remedies to increase elimination of the solids of the body. But the wonder comes in here: She menstruates monthly as if she were

Lumbago: Veratrine for acute forms when elimination is defective or pulse very tense; aconitine for other acute cases.

Lumbago: Syphilitic, mercurial, arsenical, copper, tin or lead poisoning or cachexias, calcium iodized to full limit.

at puberty! Let us hear how you account for it?

C. A. T., Kentucky.

This is certainly a remarkable case. It does seem a shame that the poor little creature is to have no childhood at all. Please investigate this case a little, Doctor, and tell us whether this condition is hereditary, whether the child comes from parents of Italian or other Latin origin, and whether she has been brought up on a diet more largely of meat than is usual with children. Some of these influences may have been at work. Other reports will be of interest.—Ed.

QUERY 4895:—"To Prevent Mal De Mer." I contemplate very soon taking a sea voyage with my two daughters, and I should like you to suggest some preparations to ward off sea-sickness.

H. F., California.

I think you will find strychnine, gr. 1-134; hyoscine hydrobromide, gr. 1-1000, and caffeine, gr. 1-132, quite satisfactory; but stimulate your liver with podophyllin and calomel and clean up thoroughly with saline before you start off. Take one tablet of bilein and one of pancreatin, and, perhaps, 5 to 10 grains of sulphocarbolate of sodium, two hours after meals while you are still exposed and use the first formula every fifteen minutes as at the slightest indication of the trouble.—Ed.

QUERY 4896:—"Orbital Neuralgia of Pregnancy." I have a case on hand (Mrs. C.), who is three months pregnant and who has attacks of severe pain at the outer angle of the right eye, sometimes of the left eye also; the pain is very severe and recurs quite often, and I have been unable to give her permanent relief. Her general health seems very good, bowels in good order, kidneys ex-

creting a normal quantity of urine. Appetite fair—she seems a little anemic. I have examined the urine; specific gravity, 1.018, no albumin. I also have her take salines, two or three times a week to make sure the bowels are perfectly cleansed. She has had a successful operation for mastoid abscess. On July 14 last, I delivered her of a child, about six weeks premature, dead. During the latter part of this pregnancy her urine was loaded with albumin, and it was only by close watching and the use of hot bath at the time of confinement that I avoided convulsions. She had made a good recovery, and the albumin soon disappeared from urine. She has had several fainting spells in which she would become unconscious for a time. I am somewhat inclined to think she is somewhat hysterical, as her faints always occur when some one is near at hand, and never when alone, and that she will always regain consciousness soon after I have been called to see her. If you can give me any suggestions by which I may relieve these severe pains I would be very thankful to you.

W. E. W., North Dakota.

This pain is probably due to some pelvic abnormality; as soon as the uterus begins to enlarge, trouble commences. Of course, the mastoid abscess has got to be taken into consideration and, taking one thing with another, it is possible that there is specific infection in this case. Unless you can absolutely exclude the latter, a few weeks' antisyphilitic treatment might prove effective. We suggest, Doctor, that you make a very thorough examination outlining the uterus in every position. See if there is any laceration of cervix, granulations, polypi, etc. Those orbital neuralgias during pregnancy can nearly always be referred to some distinct uterine malposition or lesion. Put patient on atropine valerianata and gelsemin as palliatives.—Ed.

Lumbago: Add iodoform to calcium iodized to relieve the pain; iron iodide for anemia, caffeine to sustain heart.

Lumbago: Very acute pains have been relieved by antipyrin hypodermically; or by morphine; gr. 1-4 and atropine gr. 1-100.



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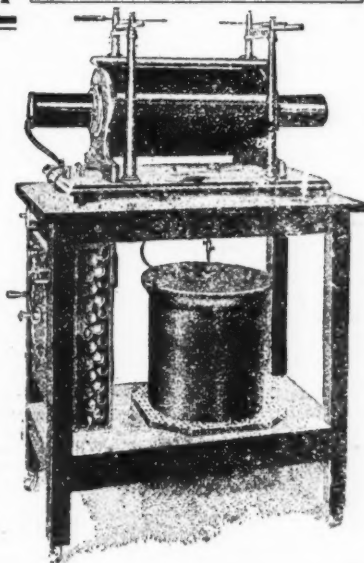
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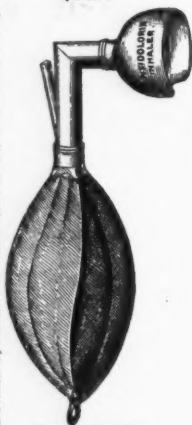


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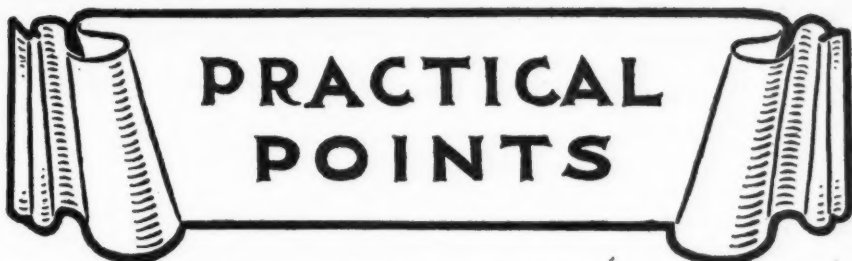
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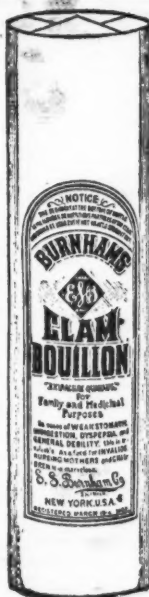
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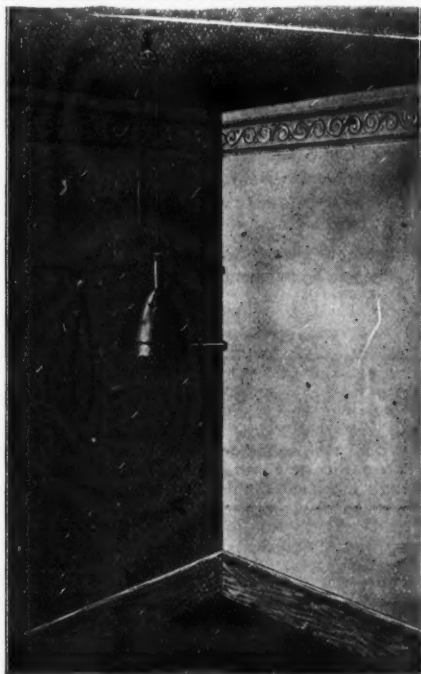


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"One month ago," she continues, "I bought a package of Grape-Nuts food for my husband, who had been an invalid for over a year. He had passed through a severe attack of pneumonia and la grippe combined, and was left in a very bad condition when they passed away.

"I tried everything for his benefit, but nothing seemed to do him any good. Month followed month and he still remained as weak as ever. I was almost discouraged about him when I got the Grape-Nuts, but the result has compensated me for my anxiety.

"In the one month that he has eaten Grape-Nuts he has gained ten pounds in weight, his strength is rapidly returning to him, and he feels like a new man. Now we all eat Grape-Nuts food, and are the better for it. Our little 5-year-old boy, who used to suffer from pains in the stomach after eating the old-fashioned porridge, has no more trouble since he began to use Grape-Nuts, and I have no more doctor's bills to pay for him.

"We use Grape-Nuts with only sweet cream, and find it the most tasty dish in our bill of fare.

"Last Monday I ate 4 teaspoonfuls of Grape-Nuts and cream for breakfast, nothing else, then set to work and got my morning's work done by 9 o'clock, and felt less tired, much stronger, than if I had made my breakfast on meat, potatoes, etc., as I used to. I wouldn't be without Grape-Nuts in the house for any money." Name given by Postum Co., Battle Creek, Mich. There's a reason.

Read the little book, "The Road to Wellville," in pkgs.

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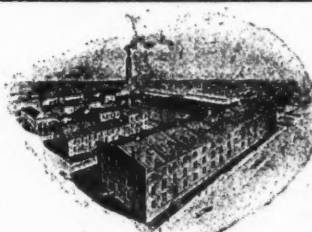
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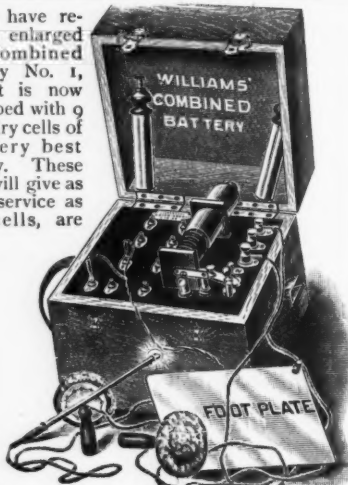
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Fig. 259

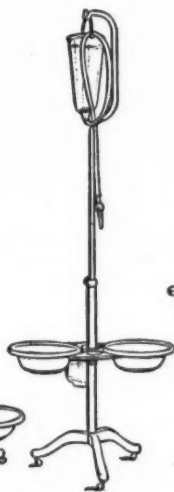


Fig. 260

INCORPORATED 1904

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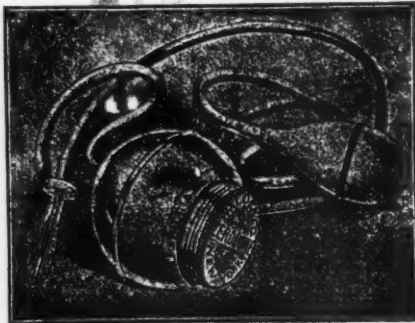
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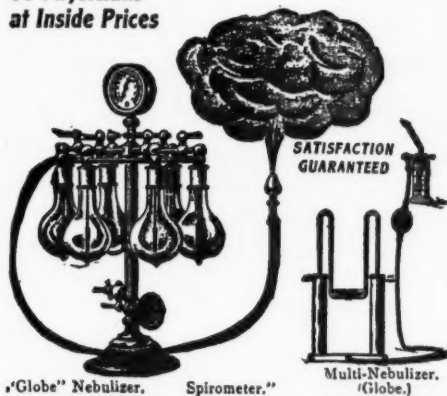
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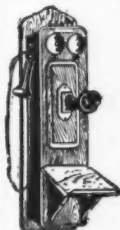
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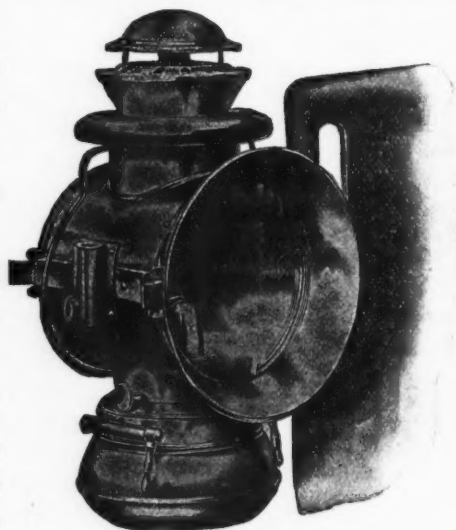
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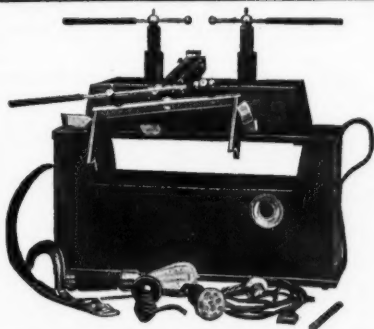
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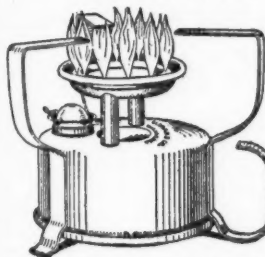
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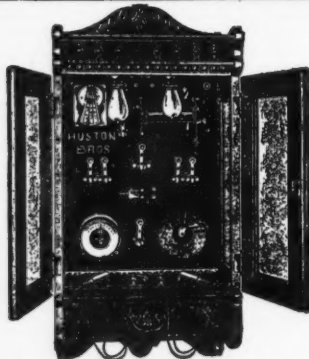
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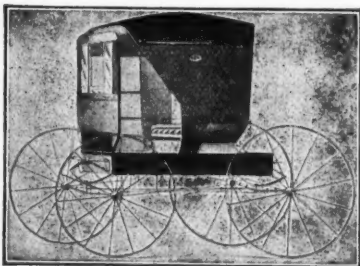
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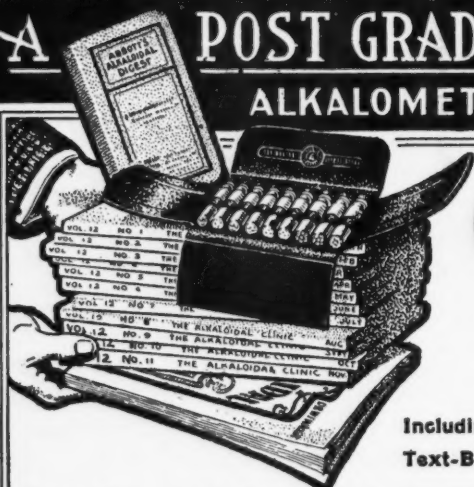
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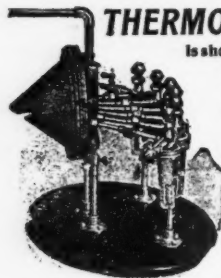
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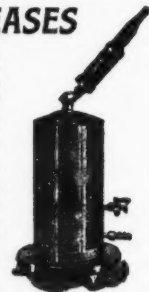


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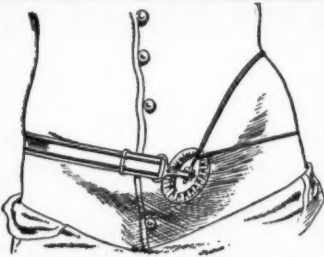
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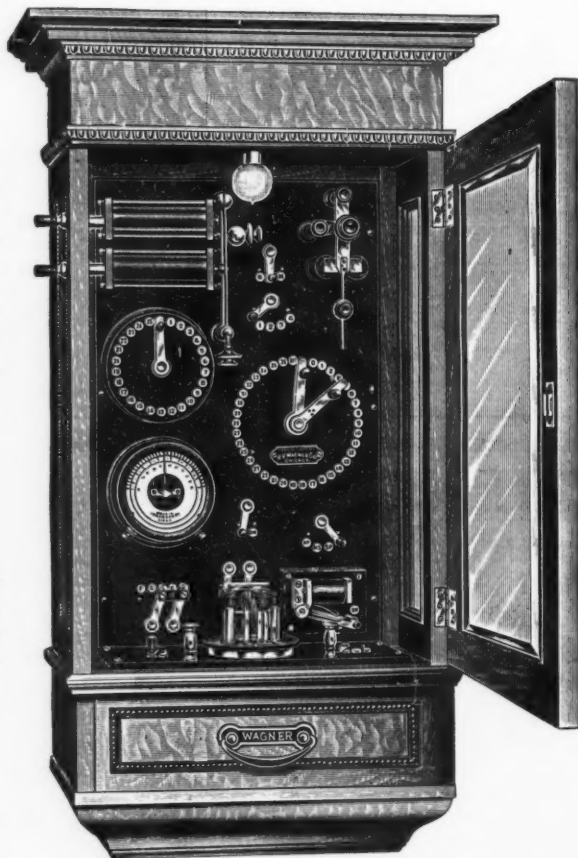
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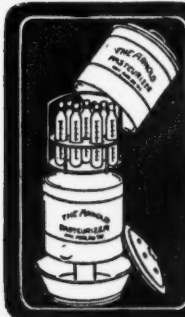
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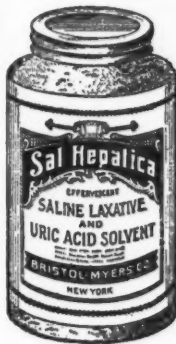
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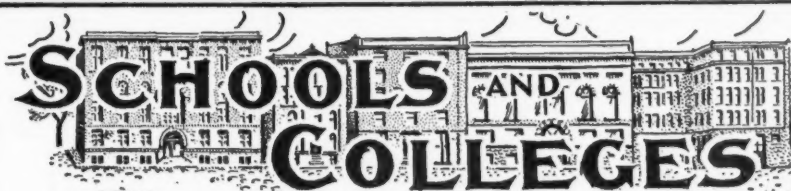
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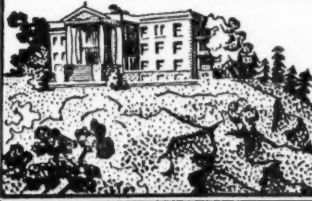
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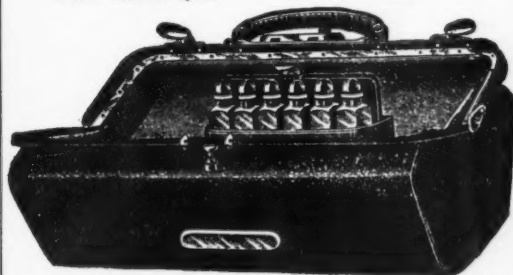
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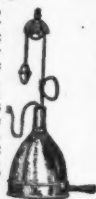
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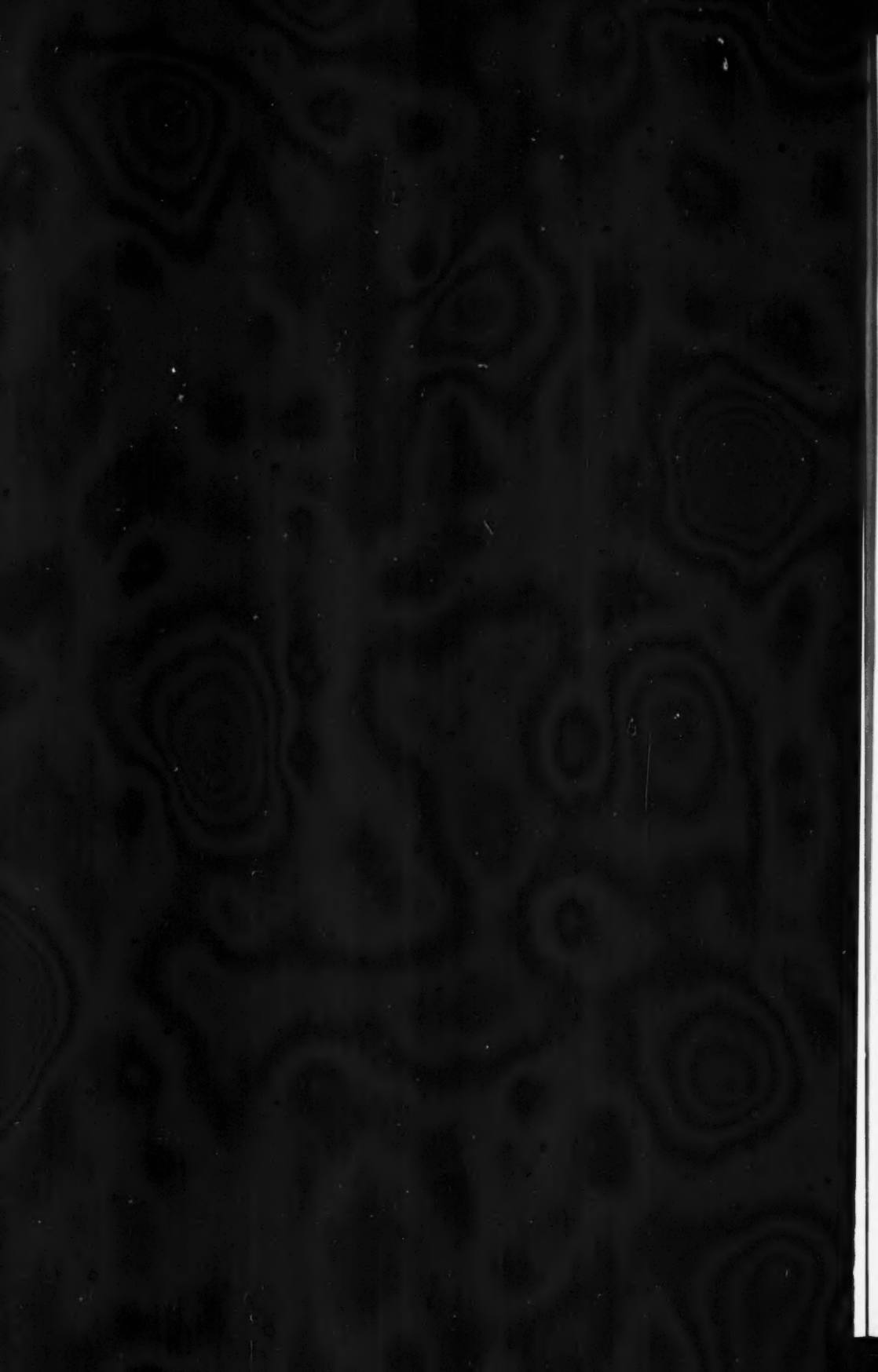
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|            | 1906 | 1907  | 1908   | 1909   | 1910   | (Refunded January, 1911.)           |           |      |      |      |
|------------|------|-------|--------|--------|--------|-------------------------------------|-----------|------|------|------|
| 1st Series | 6%   | 8%(?) | 10%(?) | 13%(?) | 15%(?) | Estimated average, each series, 10% |           |      |      |      |
| 2d Series  |      | 1907  | 1908   | 1909   | 1910   | 1911                                | [or more. |      |      |      |
| 3d Series  |      |       | 1908   | 1909   | 1910   | 1911                                | 1912      |      |      |      |
| 4th Series |      |       |        | 1909   | 1910   | 1911                                | 1912      | 1913 |      |      |
| 5th Series |      |       |        |        | 1910   | 1911                                | 1912      | 1913 | 1914 |      |
| 6th Series |      |       |        |        |        | 1911                                | 1912      | 1913 | 1914 | 1915 |

Note—Each series is guaranteed as above; interest payable every three months—January, April, July and October—and profits, over and above the 6%, directly following our annual accounting to determine the same, with your investment back in 5 years, or on demand as recited in the bond. We take all the risk and admit you *on an even percentage basis with ourselves*. What better do you want? What safer insurance could you have? What more could you ask for? Do you want it?

Doctor, this is our proposition. We mean (and stand under) every word we say! Do you want to be identified with us? Do you want to make an investment that is safe and that you can help to grow? If so, use the application blank as indicated, agree thereon to do exactly what you can and will do—do your part and we'll do ours.



And the result? Let 1,000, 5,000, 10,000 earnest, honest doctors pull together, day

### FOR APPLICATION FORM SEE OVER

Fill strictly in accordance with its provisions. The quicker you get in the quicker will your investment begin to earn. All bonds paid up not later than January will be dated to begin earning January first; those paid up not later than April, April first, and so on with each quarter to the last in each series, after which no more entries will be accepted in that series.

Faithfully yours,

DR. W. C. ABBOTT.

by day, month by month and year by year for the common good and the result will answer the question.



Our first series opened with October first and dividends for the first quarter, 1½% for three months (guaranteed), will be paid in January, at which time (or at any subsequent dividend period) you who are not in or any present holder may come in and take more bonds, pro rata; i. e., subject to our guarantee at the rate of 6% for the remainder of the first year, with profit-sharing pro rata, standing for the remainder of the 5-year period on an even basis with all the rest. Thus is everyone given an opportunity—for cash or on partial payments (see form of application), bonds being issued bearing date of the nearest dividend period to the month in which payments are made or completed—an opportunity, the acceptance of which can be a burden to none and that should not be lightly passed by.

Every dollar you put into each series will earn and receive exactly what my (our) dollar earns and receives in the same series for they go in exactly on the same basis in a genuine, unqualified participating co-operation. We pay you 6%, we take 6% and then divide the remainder evenly with you dollar for dollar—a normally probable average, if we pull together, of 10% or more during each 5-year period and your money refunded at the end of each 5 years.



**Let your own good sense determine what you shall do.**

THE ABBOTT ALKALOIDAL CO.

By W. C. ABBOTT,  
Its President.

Attest:

W. F. WAUGH, Vice Pres.  
H. B. SHATTUCK, Treas.  
L. P. SCOVILLE, Sec'y.

## APPLICATION FORM FOR CO-OPERATIVE BONDS.

SERIES  
ONE

THE ABBOTT ALKALOIDAL CO., Chicago.

Date.....190.....

I hereby make application for.....Guaranteed Participating  
Co-Operative Bonds, at \$20.00 each, (\$.....), and herewith enclose (\$.....),  
in full payment therefor.

HOW MANY

TOTAL AM'T

AM'T ENCLOSED

OR

And herewith enclose (\$.....) as first payment thereon, agreeing to pay the balance  
(\$.....) of the entire amount (\$.....), in.....consecutive monthly  
payments of (\$.....) each until the whole is paid, when you are to issue bonds,

HOW MUCH

TOTAL APPLIED FOR

HOW MUCH

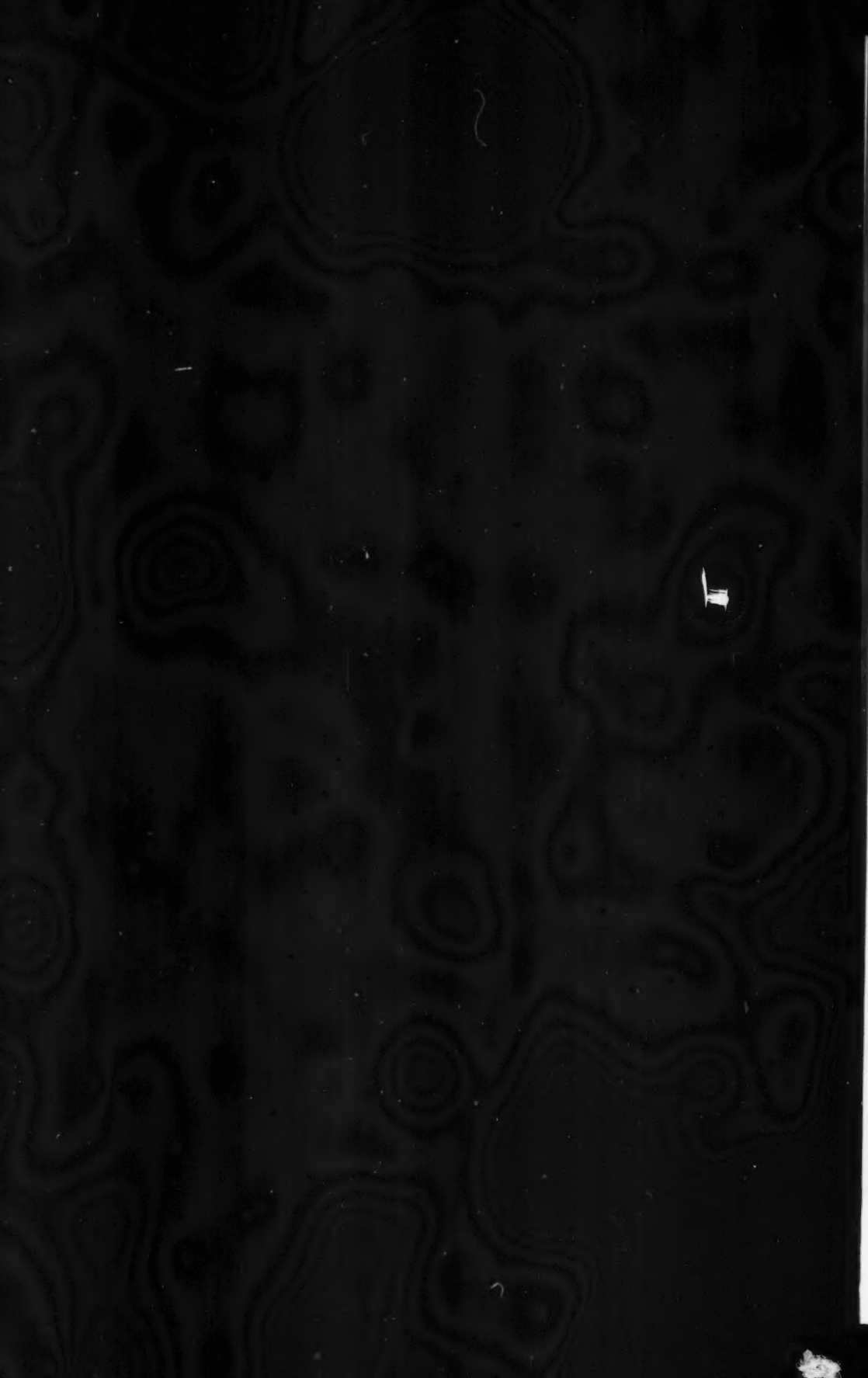
as per agreement, of which this forms a part.

Signed.....

Town.....State.....

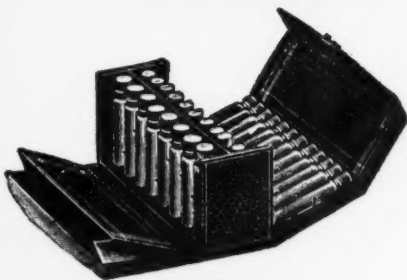
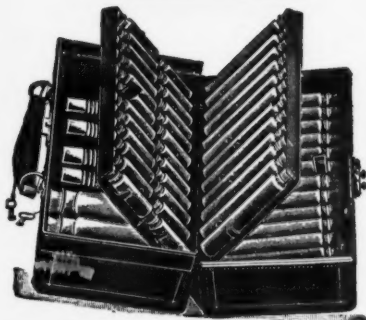
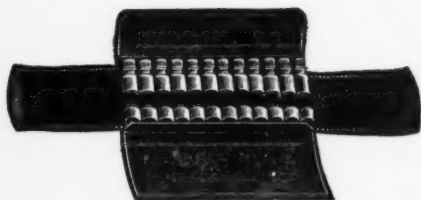
NOTE.—Bonds will be issued to begin earning at the quarterly dividend period nearest to that, by months, on which full payment is made or completed, and will share during the remaining of the series pro rata. W. C. A.







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